

2016

# Perioperative Orientation, Education, and Mentoring (POEM) Program

Esther M. Johnstone  
*Walden University*

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# Walden University

College of Health Sciences

This is to certify that the doctoral study by

Esther Johnstone

has been found to be complete and satisfactory in all respects,  
and that any and all revisions required by  
the review committee have been made.

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Walden University  
2016

Abstract

Perioperative Orientation, Education, and Mentoring (POEM) Program

by

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MSN, University of Phoenix, 2012

BSPA, Saint Joseph's College of Maine, 2007

AAS, Raritan Valley Community College, 1983

Project Submitted in Fulfillment  
of the Requirements for the Degree of  
Doctor of Nursing Practice

Walden University

May 2016

## Abstract

Perioperative registered nurses (RNs) are vital to the provision of safe patient care for those undergoing invasive and surgical procedures within acute care settings. Unrealistic transition-to-practice (T2P) expectations for novice RNs (newly licensed and experienced RNs new to perioperative nursing) have resulted in significant turnover and attrition rates as high as 45%. A T2P program, known as the Perioperative Orientation, Education, and Mentoring (POEM) program, was developed to address attrition and turnover through mentoring and professional development. The POEM program was a pilot program implemented at a large academic medical center. An evaluation tool known as the Surgical Skill Assessment Tool was developed to evaluate the POEM program. A preintervention score of 56 and a postintervention score of 237 demonstrate an increase in experience, skill, and knowledge acquisition. Content data analysis revealed themes and subthemes from each of the 2 focus groups as well as recommendations from the quality improvement (QI) project leader and project coleader. The recommendations include developing a nurse extern program, advertising and promoting perioperative nursing to local nursing schools, supporting the clinical advisor program, encouraging involvement in the local Association of periOperative Registered Nurses (AORN) chapter, and mentoring novice RNs and RN clinical advisors. The need to evaluate strategies for improvement, recruitment, and retention is critical to sustain the perioperative nursing workforce. Further research is necessary to refine the POEM program and to understand the role of professional mentoring in facilitating a smooth T2P for novice nurses entering perioperative services.

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## Dedication

This project is a form of dedication to all of the perioperative RNs who practice within all surgical and invasive procedural settings in acute care hospital settings. Your hard work, long hours, and ability to withstand stress amidst chaos are evident as you advocate for your surgical patients at their most vulnerable hour. For that, I am continually grateful to perioperative RNs who continue to practice in spite of limited orientation programs.

## Acknowledgments

First, I would like to thank the faculty at Walden University; Dr. Patrick Palmieri; DNP committee chair, Dr. Mary Martin; DNP committee member; Dr. Andrea Tatkon-Coker, URR; and my DNP mentor Dr. J. Green-Hadden; for assisting me throughout this DNP project. I would like to acknowledge the *System* perioperative services for the opportunity to pilot a qualitative improvement project. Second, I would like to thank a colleague, MJF, who willingly gave up her time, commitment, and experience as the coleader during this project. Third, I would like to thank my loving husband, Peter Johnstone, who has pushed me to continue with my studies, and my daughter, Rebekah Johnstone, who has had to put up with my endless hours of working on my papers. Fourth, I would like to thank my mother, Marie Menzella, who has encouraged me on my journey. Fifth, I would like to thank my BFF, BH, for always supporting me in my academic pursuits. Finally, I would like to give all glory and honor to my creator, Jesus Christ, who has given me the stamina to complete this long and arduous journey. Thank you.

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The purpose of this project was to develop an orientation program for novice RNs to transition to competent RNs in the intraoperative nursing setting in a large academic medical center. The healthcare organization will develop the T2P specialty program as a strategy to attract and retain novice RNs to	



intraoperative nursing practice, an Institute of Medicine (IOM; 2010) recommended practice (Battié, 2013). .....6

Goals and Objectives .....6

The first goal for this quality improvement (QI) initiative was to develop and pilot a perioperative orientation program focused on the intraoperative environment for novice RNs hired to work in the operating room (OR) of a large academic medical center. The pilot curriculum aligned with the Association of periOperative Registered Nurses (AORN; 2015) *Guidelines for Perioperative Practice*, incorporated AORN training materials, and was delivered by the clinical nurse educator (CNE) in the perioperative services department. The second goal was to develop clinical nurse advisors (mentors) from the experienced RN staff to support the T2P program. Finally, the third goal was to expand the pilot program to a system-wide initiative. ....6

Conceptual Framework .....6

The conceptual framework for this quality improvement initiative is the T2P model developed by the National Council of State Boards of Nursing (NCSBN). The evidence-based model consists of five modules within a 6-month orientation with preceptor support. The first module addresses communication and teamwork, with a focus on teaching collaboration among health care professionals. The second module focuses on evidence-based practice, which is the foundation of all areas of nursing practice. A

third module on informatics integrates use of and access to electronic information at the point of care. A fourth module on patient-centered care emphasizes prioritizing and organizational skills within a specialty nursing practice. A fifth module on quality improvement promotes patient safety and improving nursing practice regardless of setting (Spector & Echternacht, 2010). According to the NCSBN (2011), healthcare organizations with T2P models report decreased attrition and improved patient outcomes (p. 79). The T2P model aligns with a quality improvement initiative that relates to transitioning novice RNs into becoming competent perioperative nurses.....6

**Significance of Project .....7**

This project is significant to the System because it will be the exemplar program to transition novice RNs into the perioperative nursing setting. Furthermore, this program will provide a model for other T2P programs in the surgical service departments of the eight smaller hospital campuses. The POEM program will facilitate recruitment and improve retention of novice RNs in perioperative nursing.....7

There are three outcomes that make the project significant to stakeholders: .....7

1. Experienced perioperative nurses will have expanded professional roles as mentors and clinical leaders.....7
2. Patients will benefit from appropriately staffed surgical services and competent nursing staff.....7

3. Novice nurses can advance their careers as competent perioperative nurses, including achieving clinical certification.....7

Perioperative nurse educators are in high demand to teach novice nurses the clinical reasoning necessary to safely practice as advanced beginners. Perioperative nursing knowledge is translated into clinical practice through formal training. Individualized mentoring facilitates the progression of the advanced beginner to function independently as a competent nurse. Participating in specialty training and education provides the novice nurse with support to develop the situational reasoning and critical thinking skills necessary to integrate into the perioperative nursing workforce (Ball et al., 2015). The overall aim is for novice nurses to transition to a new self-identity from a registered nurse to a perioperative registered nurse. ....8

Implications for Social Change in Practice.....9

This POEM program has the potential to become a system-wide quality improvement and professional development initiative within a large academic medical center to reduce perioperative RN turnover, stabilize a perioperative nursing planning workforce issue, and deliver safe perioperative nursing care. The implications for change include an increase in the quality of perioperative nursing care, an increase in novice RN retention rates, an increase in job satisfaction among RN clinical advisors, and a decrease in perioperative RN novice turnover rates. At the

completion of the program, the novice RNs may decide to take an exam that leads to board certification in perioperative nursing. The novice RNs can become members of the AORN at the local, state, and federal level. ....9

Definitions of Terms .....9

The following terms guided this capstone proposal project. ....9

*Registered nurse:* A registered nurse is an individual who has completed academic requirements and passed the National Council Licensure Exam (NCLEX). An RN is authorized and licensed to practice as a registered nurse. An RN uses a nursing process that includes assessment, analysis, intervention, and evaluation (South Carolina .....9

Legislature, 2015). ....9

*Circulating nurse:* A circulating nurse is an individual who is licensed to practice as a registered nurse in the circulating RN role. A circulating nurse manages the overall.....9

nursing care in the operating room and helps to maintain a safe, comfortable environment. Twenty-three states mandate that the role of the circulating nurse cannot be delegated to unlicensed assistive personnel such as a surgical technologist (ST; AORN, 2015).....10

*Clinical advisor:* The role of the clinical advisor (the term *preceptor* is recognized, for RNs to receive compensation, they must receive clinical advisor training at the *System*) is to actively facilitate the teaching/learning process and provide validation of competence of new RNs (Orientees) ...

the clinical advisor will maintain contact with and provide resource support to the new RN throughout the first 90 days and up through the first year of employment. ....10

*Novice perioperative RN:* A novice perioperative RN is an RN who is a newly licensed nurse or an experienced nurse from another area of nursing. Novice nurses are new and unfamiliar with the practice of perioperative nursing (AORN, 2012).....10

*Perioperative nurse:* A perioperative nurse is a registered nurse (RN) who uses the nursing process to develop, coordinate, and implement individualized surgical plans of care for patients undergoing invasive or surgical procedures. Perioperative nurses provide perioperative nursing care to surgical patients in various perioperative nursing settings (AORN, 2015). .....10

*Perioperative nursing practice:* Perioperative nursing is a unique specialized area of nursing practice that requires a set of skills and knowledge, specialized education, and training for surgical patients undergoing invasive or operative procedures. Perioperative nursing practice settings include ambulatory or outpatient surgery centers, surgical service departments in acute care hospitals, and physicians’ offices or clinics (AORN, 2015).....10

*Scrub (nurse) role:* A perioperative nurse who functions in the scrub role selects and handles instruments and supplies used for the operation. Unlicensed assistive personnel known as *surgical technologists (STs)* usually function in this dynamic role (AORN, 2015).....11

<i>Transition-to-practice (T2P):</i> A T2P program is a supportive program for nurses transitioning to new clinical areas that include perioperative nursing settings (AORN, 2011). .....	11
<i>Transition-to-practice model:</i> An evidence-based program that supports progress and transition of novice nurses from the educational setting to professional nursing practice. The model contains five learning modules to enhance active learning to facilitate competent nursing practice within a 6-month time span (NCSBN, 2010). .....	11
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Assumptions.....	11
<i>Assumptions</i> are viewpoints commonly taken for granted that do not have the evidence to support a theory or concept (McEwen & Wills, 2011). The project included the following assumptions: .....	11
1. The POEM program would be individualized to increase competence, knowledge, and confidence of novice perioperative RNs. ....	11
2. The POEM program would be a positive learning opportunity for novice perioperative RNs. ....	11
3. The POEM program would be cost effective for the healthcare organization.....	12
4. The POEM program would be a system-wide initiative throughout the eight hospital campuses. ....	12

Limitations .....	12
<i>Limitations</i> are challenges that can restrict or decrease the applicability of findings referring to concepts of a qualitative study (Grove, Burns, & Gray, 2013). The project included the following limitations: .....	
1. The QI project leader was employed at the healthcare organization in which the POEM program was piloted. ....	12
2. The project may not be feasible to implement as a system-wide initiative among the other eight hospital campuses. ....	12
3. The curriculum may not be generalizable to another perioperative nursing setting. ....	12
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Section 1 has presented a workforce planning issue that acute care healthcare organizations are experiencing and a T2P program to retain and recruit qualified perioperative nurses. A pilot Perioperative Orientation, Education, and Mentoring (POEM) program was created to support perioperative RNs working in acute care healthcare organizations based on evidence-based research. This project has implications for social change in that it may encourage the implementation of a system-wide orientation program among eight hospital campuses within this large academic medical center. This would be a positive contribution to perioperative nursing practice to address the perioperative nursing workforce issue within this large academic medical center. ....	
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Reviewing the rating scale responses from the novice RNs, the majority identified

“YB: Yes, but I know enough or can do this competency if I had to, I am not confident doing so and would like to learn how to do it better” as a priority. The QI project leader identified the competencies of significance



that required skills and knowledge, including asepsis; counting sponge, sharps, and instruments; critical thinking; instruments; intraoperative electronic documentation; facility policies; positioning; skin prep; sterilization; and specimens. These competencies were included in the POEM program.....22

Analyze Best Practices.....23

A pilot Perioperative Orientation, Education, and Mentoring (POEM) program (see Appendix E) and RN competency documentation (see Appendix F) were developed using the learning needs self-assessment for novice RNs new to perioperative nursing. The pilot POEM program and RN competency documentation aligned with facility policies and AORN (2014) recommended standards and practices (the organization renewed the e-subscription). The pilot POEM program used for novice RNs was revised in February 2016. The RN competency documentation template was reviewed by experienced RNs for feedback, suggestions, and revisions. In July 2015, a standardized template (see Appendix E) was approved by the manager of nursing workforce development (NWD). The content was approved by the perioperative clinical nurse educator (CNEs) cohort for use across the eight campuses.....23

Determining Educational Needs of the Clinical Advisors .....23

A learning needs assessment tool (see Appendix G) developed by the perioperative CNE was distributed to the RN clinical advisor staff in

March 2015. Data compiled from the learning needs self-assessment was instrumental when developing the perioperative clinical advisor training program (see Appendices J & K). The total number of RN clinical advisors who completed the learning needs assessment tool was 16. ....23

Competencies were rated on the same scales as the learning needs assessment tool for the novice RNs. The rating scale included the following four categories: .....24

The majority of the RN clinical advisors responded with “YS, yes I have the knowledge, skills, attitudes, and judgements to adequately meet all the requirements.” Of significance, 11 out of the 16 responded to not being a member of the professional nursing organization known as the Association of periOperative Registered Nurses (AORN; see Appendix H). A question comes to mind: If an RN is not a member of the professional nursing organization, how can the RN be up to date with policies and best practices?.....24

At the health care organization, if an RN completes clinical advisor training, the RN is compensated an additional dollar for each hour when in the role of clinical advisor in the operating room setting. The perioperative CNE or project leader developed a clinical advisor training program (see Appendix J) and role description for the clinical advisor (see Appendix K), this training program has yet to be approved for the additional dollar.....24

Evaluation Plan .....25

POEM Program Results .....26

An RN Surgical Skill Assessment Tool was developed by the perioperative CNE  
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POEM program. The rating scale included the following four categories: .....26

1. *No experience*; you have not done the stated task or skill. The data  
revealed for the first category was 77 (see Appendix M).....26
2. *Minimal experience*; you have performed the task or skill infrequently.  
The data revealed for the second category was 45. ....26
3. *Moderate experience*; you can perform the task or skill independently with  
the help of a resource person. The data revealed for the third category was  
86.....26
4. *Extensive experience*; you can perform the task or skill proficiently  
without assistance. The data revealed for the fourth category was 56.....26

The same RN Surgical Skill Assessment Tool was completed by the same five  
novice RNs upon completion of the POEM program. This tool was used to  
determine whether knowledge acquisition had occurred after  
implementation of the POEM program. The rating scale included the  
following four categories: .....26

1. *No experience*; you have not done the stated task or skill. The data  
revealed for the first category was zero (see Appendix N).....26

2.	<i>Minimal experience</i> ; you have performed the task or skill infrequently. The data revealed for the second category was 3. ....	26
3.	<i>Moderate experience</i> ; you can perform the task or skill independently with the help of a resource person. The data revealed for the third category was 20.....	27
4.	<i>Extensive experience</i> ; you can perform the task or skill proficiently without assistance. The data revealed for the fourth category was 237.....	27
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The fourth question, what do you like about perioperative nursing (see Appendix HH). .....39

The responses from the RN clinical advisors revealed what they like about perioperative nursing is patient centered and caring for one patient at a time. ....39

*“One of the most important things that I like about perioperative nursing is the fact that you only deal with one patient at a time. It allows me to give all of my focus to one patient.”* .....39

Question 5: Lack of Control ..... 39

The fifth question, what do you dislike about perioperative nursing (see Appendix II). Similar to the novice RNs, the experienced RNs had a similar theme known as lack of control. ....39

*“Staffing shortages, staffing issues, sometimes long hours, minimal breaks, attitudes of certain staff members, physically demanding job.”* .....39

Question 6: Being a Teacher ..... 40

The sixth question, how do you feel being in the role of “clinical advisor” to new RN staff, are not experienced in perioperative nursing (see Appendix JJ). Responses from the experienced RNs, relates to acting in the role of clinical advisor, was similar to being a teacher. ....40

*“I like it. I enjoy teaching. Education is good.”* .....40

*“I love teaching new nurses. I think the clinical advisor has the greatest impact on how well a new orientee will perform as a circulator.”* .....40

Question 7: Not Stressful .....	40
The seventh question, is it stressful for you when you serve as a clinical advisor	
(see Appendix KK). The RN clinical advisors responded that it is not	
stressful when in the role of clinical advisor. ....	
	40
<i>“No it is not stressful for me. I prefer getting the new employees early so they</i>	
<i>don’t develop bad habits.”</i> .....	
	40
Question 8: Six Months .....	41
The eighth question, how long do you think it should take for an RN to be trained	
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	41
<i>“I think it should be at least 6 months.”</i> .....	
	41
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increase in job satisfaction when evaluating the progress of a novice RN. ....	
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<i>“It makes me proud to evaluate the progress of a novice RN. I just want them to</i>	
<i>know that I’m here to support them in anything they need. I also want</i>	
<i>them to feel comfortable coming to me to talk any time they have questions</i>	
<i>or concerns.”</i> .....	
	41
Question 10: Remain in Role as a Perioperative Nurse .....	42

The tenth question, what do you see yourself doing five years from now (see Appendix NN). Three out of the five RN clinical advisors revealed remaining in perioperative nursing five years from now.....42

*“I can see myself still working right here in the OR within the next 5 years.”* .....42

*“Being in education, not sure but in some type of educational face.”* .....42

Strengths of the POEM Project.....42

Strengths of the POEM project include the positive acquisition of knowledge as demonstrated by the RN surgical skills assessment tool completed before and after the POEM program by the novice RNs. A second strength of the POEM program was the collaboration among the perioperative CNEs across the system. The third strength of the POEM program is, the RN competency verification documentation was approved by the perioperative CNEs. This is a success perceived by this QI researcher. The fourth strength of the POEM program includes meeting with the system wide perioperative CNEs. Meeting with the perioperative CNEs has brought unity and standardization to the onboarding of new RN employees to the perioperative services department across the system. A fifth strength of the POEM program is the positive working relationship that has occurred with the perioperative leadership team and this CNE.....42

Limitations of the DNP Project.....43

Limitations of the POEM project include the inability to gain access to AORN Periop 101 curriculum for new RN employees. The second limitation is



the small sample size. The third limitation is the POEM program, was, implemented at the main medical campus. The fourth limitation is the POEM program may not apply to the smaller campuses. The fifth limitation is the health care organization not approving the preceptor or clinical advisor program developed by the QI project leader. ....43

Recommendations.....43

The POEM, as a pilot program, needs to be assessed, and evaluated through evidence-based curriculums, changes in nursing practice, and other programs that contribute to perioperative nursing settings. The effectiveness of a program through evaluating and monitoring the outcomes of the program can help determine if the, outcomes were, achieved, with the planned intervention. This is critical to align and sustain the perioperative nursing workforce. ....43

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The Perioperative Orientation, Education, and Mentoring (POEM) program was developed and implemented as a quality improvement initiative within a large academic medical center. The POEM program is an educational program with a mentoring emphasis, with support from the perioperative clinical nurse educator (CNE) for novice RNs new to the perioperative practice environment. The qualitative focus enabled the perioperative

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<b><i>quality of perioperative nursing care in every surgical and invasive .....</i></b>	<b>63</b>
<b><i>procedure setting (AORN 2011, Position Statement: Patient Safety).....</i></b>	<b>63</b>
<b>Competency Statement:.....</b>	<b>63</b>
Applies the use of the nursing process to develop an individualized plan of care, to coordinate & deliver care, identify needs, implement nursing interventions and activities to achieve optimal patient outcomes (AORN, 2015) .....	63
<b>Outcome Statement: .....</b>	<b>63</b>
The patient will have an individualized plan of care to attain expected outcomes based on assessment and data collection. ....	63



Labeled diagnostic and radiology test results displayed (on monitors if necessary).....	64
• Biopsy reports .....	64
• Consults.....	64
• Pathology .....	64
• Radiology.....	64
Verifies surgeon is present in the hospital for procedure <b>PRIOR</b> to induction of anesthesia.....	64
<input checked="" type="checkbox"/> Confirms consent(s) signed for surgery.....	64
▪ Informed consent .....	64
▪ Anesthesia consent.....	64
▪ Blood consent.....	64
▪ Inability to consent (IF NEEDED) .....	64
▪ Lewis Blackman consent .....	64
▪ 64	
▪ 64	
▪ 64	
▪ 64	
▪ Consent may be waived in extreme cases (cases that are essential to life and death) in which case the surgeon and consultant must certify in writing .....	64

<input checked="" type="checkbox"/>	<b><i>DEVELOPS &amp; PLANS: an individualized plan of care related to planned surgical procedure based on the patient’s age, behavioral, cultural, and physical outcomes</i></b> .....	64
<input checked="" type="checkbox"/>	Pneumatic Tourniquet.....	74
<input checked="" type="checkbox"/>	Reviews the Policy “Dress Code Entrance into the OR” .....	75
<input checked="" type="checkbox"/>	<b>NO ARTIFICIAL NAILS or GEL NAILS (per policy)</b> .....	75
	<b><i>SPECIMEN HANDLING:</i></b> .....	75
	Prepares and properly handles specimens.....	75
	<b><i>Respects patient’s and family’s rights</i></b> .....	77
<input checked="" type="checkbox"/>	Adheres to HIPPA guidelines to meet patient’s rights regarding protected information.....	77
	<b><i>Domain #1- Patient Safety - the patient has the right to receive the highest</i></b> .....	79
	<b><i>quality of perioperative nursing care in every surgical and invasive</i></b> .....	79
	<b><i>procedure setting (AORN 2011, Position Statement: Patient Safety).</i></b> .....	79
	<b>Competency Statement:</b> .....	79
	Applies the use of the nursing process to develop an individualized plan of care, to coordinate & deliver care, identify needs, implement nursing interventions and activities to achieve optimal patient outcomes (AORN, 2015) .....	79
	<b>Outcome Statement:</b> .....	79

The patient will have an individualized plan of care to attain expected outcomes based on assessment and data collection. .... 79

**ASSESSMENT: *The perioperative RN assesses, collects, and reviews, all pertinent patient data in the chart PRIOR to entrance into the OR*** ..... 79

Preadmission assessment ..... 79

Check electronic health record (Soarian) (if able to time-wise for inpatients)..... 79

Paper chart ..... 79

Lab results ..... 79

- BMP ..... 79
- Hgb & Hct..... 79
- Hcg – pregnancy test (females age 12-55 yrs)..... 79
- Type & Screen/Cross or blood product ..... 79
- Any other lab not listed..... 79
- 79
- 79
- 79

History & Physical..... 79

- H & P will be updated within 24 hours for an outpatient or am admit,..... 79
- Inpatient - a progress note updating the admission H & P timed within 24 hours..... 79

If implants, devices, and/or special equipment are **NOT** available the  
patient - **WILL NOT BE ALLOWED** entrance into the OR ..... 79

Labeled diagnostic and radiology test results displayed (on monitors if  
necessary)..... 79

- Biopsy reports ..... 79
- Consults..... 79
- Pathology ..... 79
- Radiology ..... 79

Verifies surgeon is present in the hospital for procedure **PRIOR** to  
induction of anesthesia..... 79

- Confirms consent(s) signed for surgery ..... 79
- Informed consent ..... 80
- Anesthesia consent..... 80
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## Section 1: Overview of the Evidence-Based Project

### **Introduction**

Medical errors continue to pose significant threats to patient safety. A seminal Institute of Medicine (1999) report indicated that medical errors are preventable and contributed to almost 100,000 deaths annually. In a fast-paced and high-stress environment such as surgery, people are prone to near misses and medical errors. In response to this knowledge, in 2002, the National Patient Safety Goals (NPSGs) were developed to improve patient safety (Ulrich & Kear, 2014). As a result of too many instances of the wrong site, the wrong person, and the wrong procedures, the Joint Commission (TJC; 2003) developed the Universal Protocol. The Universal Protocol was developed to address sentinel, never, and preventable events (Pronovost et al., 2009).

Patient safety, quality improvement, and evidence-based practice are core tenets of contemporary professional nursing. Newly licensed and inexperienced nurses are expected to make a rapid transition from student to competent professional nurse (American Association of Colleges of Nursing, 2015). An Institute of Medicine (IOM) (2011) report, *The Future of Nursing: Leading Change, Advancing Health Report*, recommends developing transition-to-practice (T2P) programs to prepare novice nurses to meet the changing health care needs. This recommendation places the responsibility on healthcare organizations to develop T2P programs for specialty nursing practice areas such as perioperative nursing (Battie, 2013).

## **History of Perioperative Nursing**

The history of perioperative nursing began in the late 1880s, with operating room nursing (OR nursing). Incidentally, this was one of the first formal nursing specialties arising from multiple wars. Two separate OR nursing roles emerged in the early 20th century: (a) the scrub nurse, responsible for handing instruments to the surgeon inside the sterile field; and (b) the circulating nurse, responsible for overseeing the surgical environment and ensuring adherence to all safety standards outside the sterile field (Shoup, 1988).

A nursing shortage during World War II led to the development of the role of the operating room technician (ORT). The military began training corpsmen to function in field hospitals during the war; thus, the role of the ORT began. In 1945, after World War II, hospitals used the ORT to perform routine duties under the supervision of the registered nurse (RN). Nursing educators and hospital administrators began to view OR nursing as a technical role related to limited patient interaction. Nursing schools began eliminating OR nursing from the nursing curriculum (Shoup, 1988).

In 1949, the Association of Operating Room Nurses (AORN) formed to support the role of the operating room nurse. AORN became the first specialty professional nursing organization that focused on nursing education, standardization, and the practice of OR nursing. In 1968, the Association of Operating Room Technicians (AORT) developed to support the role of the ORT. An advisory board consisted of members from both AORT and AORN; however, this advisory board disbanded when AORT supported the use of the ORT in the circulator role. In 1973, AORT became an independent

organization known as the Association of Surgical Technologists (AST). The title of the ORT changed to surgical technologist (ST). STs can complete educational requirements at a technical-vocational school or a 2-year community college (Shoup, 1988). STs are not licensed; however, STs must pass a certification exam that qualifies them to use the credentials known as CST. In the state of South Carolina, STs are known as *unlicensed assistive personnel* (UAP; South Carolina Legislature, 2015). The role of the circulator continues to remain challenged by the ST. Twenty-three states mandate that the role of the circulator must be performed by a registered nurse (RN; AORN, n.d.).

In 1985, AORN changed the term *OR nursing* to *perioperative nursing* because *OR nursing* was too restrictive. The term *perioperative nursing* focused on the scope of perioperative nursing practice rather than just the individual nurse in the operating room suite (Shoup, 1988). In 1999, AORN changed its name from the Association of Operating Room Nurses to the Association of periOperative Registered Nurses (AORN) to reflect the expanded scope of perioperative nursing practice. Perioperative nursing practice goes beyond the traditional hospital operating room to include settings such as ambulatory and outpatient surgery centers, interventional radiology suites, and physicians' offices or clinics (Shumaker, Allen, Schultz, Steiert, & Watson, 1999).

### **Problem Statement**

Perioperative registered nurses (RNs), also called *perioperative nurses*, are vital to the provision of safe patient care in the surgical environment. Perioperative nursing practice requires critical thinking skills, adaptability to respond to unexpected situations, the ability to cope with stressful situations, and willingness to advocate for surgical

patients when they are unable to speak for themselves. Hospital administrators, nursing leaders, and managers need nurses to T2P from novice to independent healthcare practitioner as quickly as possible (Ball, Doyle, & Oocumma, 2015).

Perioperative nursing is not included in the core Bachelor of Science in Nursing (BSN) curriculum, as it is a nursing specialty. Nursing programs seldom offer nursing specialty courses. Without perioperative nursing education and exposure, graduating nurses are unfamiliar with and often not interested in working in this practice environment. This partially explains the progressive shortage of perioperative nurses in the United States (Gregory, Bolling, & Langston, 2014).

Attrition rates for new perioperative nurses are reported to be as high as 45%, resulting in an inadequate supply to support safe staffing ratios at individual facilities and contributing to the shortage of perioperative nurses (Gregory et al., 2014). Operating rooms have staffing shortages as nurses leave for increases in pay and better working hours (Ruth-Sahd & Wilson, 2013). The demand for nurses, expected to increase by 2% to 3% each year as the nursing shortage continues, projected to reach 500,000 by 2025. In addition, nearly 20% of experienced perioperative nurses are retiring and leaving the workforce (Messina, Ianniciello, & Escallier, 2011). Therefore, a serious perioperative nursing shortage is projected (Institute of Medicine, 2010).

A large integrated delivery system (hereafter referred to as *the System*) in South Carolina with eight hospitals anticipates turnover of at least 50% of the perioperative workforce by 2022. With fewer university nursing programs offering perioperative nursing education and clinical experiences, attracting new graduates interested in

pursuing a career in perioperative nursing is difficult. In addition, the *System* does not have adequate orientation and education resources to prepare new graduates for perioperative nursing. The *System* offers a clinical (advisor) mentoring course, this course does not focus on perioperative nursing practice.

There are two target populations. The first population includes novice RNs, a group that consists of newly licensed RNs and experienced RNs with no previous experience in perioperative nursing. The second population includes RN clinical advisors (mentors) with 2 years or more of perioperative nursing experience. The PICOT problem statement relates to novice RNs in the operating room setting:

PICOT Statement:

P - Novice RNs

I - Perioperative orientation focused on intraoperative nursing, education, and mentoring (POEM) program

C - Novice RNs who commit to and choose perioperative nursing. RN clinical advisors who commit to mentoring novice RNs.

O - Increase the number of intraoperative nurses; reduce intraoperative novice RN turnover; increase job satisfaction among RN clinical advisors; and deliver competent perioperative nursing care.

T - Sixteen- to 24-four week POEM program based on the guidelines for perioperative practice, focused on the intraoperative environment, from the Association of periOperative Registered Nurses (2015) and the recommendations provided by the Institute of Medicine (2010).

### **Purpose Statement**

The purpose of this project was to develop an orientation program for novice RNs to transition to competent RNs in the intraoperative nursing setting in a large academic medical center. The healthcare organization will develop the T2P specialty program as a strategy to attract and retain novice RNs to intraoperative nursing practice, an Institute of Medicine (IOM; 2010) recommended practice (Battié, 2013).

### **Goals and Objectives**

The first goal for this quality improvement (QI) initiative was to develop and pilot a perioperative orientation program focused on the intraoperative environment for novice RNs hired to work in the operating room (OR) of a large academic medical center. The pilot curriculum aligned with the Association of periOperative Registered Nurses (AORN; 2015) *Guidelines for Perioperative Practice*, incorporated AORN training materials, and was delivered by the clinical nurse educator (CNE) in the perioperative services department. The second goal was to develop clinical nurse advisors (mentors) from the experienced RN staff to support the T2P program. Finally, the third goal was to expand the pilot program to a system-wide initiative.

### **Conceptual Framework**

The conceptual framework for this quality improvement initiative is the T2P model developed by the National Council of State Boards of Nursing (NCSBN). The evidence-based model consists of five modules within a 6-month orientation with preceptor support. The first module addresses communication and teamwork, with a focus on teaching collaboration among health care professionals. The second module



focuses on evidence-based practice, which is the foundation of all areas of nursing practice. A third module on informatics integrates use of and access to electronic information at the point of care. A fourth module on patient-centered care emphasizes prioritizing and organizational skills within a specialty nursing practice. A fifth module on quality improvement promotes patient safety and improving nursing practice regardless of setting (Spector & Echternacht, 2010). According to the NCSBN (2011), healthcare organizations with T2P models report decreased attrition and improved patient outcomes (p. 79). The T2P model aligns with a quality improvement initiative that relates to transitioning novice RNs into becoming competent perioperative nurses.

### **Significance of Project**

This project is significant to the System because it will be the exemplar program to transition novice RNs into the perioperative nursing setting. Furthermore, this program will provide a model for other T2P programs in the surgical service departments of the eight smaller hospital campuses. The POEM program will facilitate recruitment and improve retention of novice RNs in perioperative nursing.

There are three outcomes that make the project significant to stakeholders:

1. Experienced perioperative nurses will have expanded professional roles as mentors and clinical leaders.
2. Patients will benefit from appropriately staffed surgical services and competent nursing staff.
3. Novice nurses can advance their careers as competent perioperative nurses, including achieving clinical certification.

Training novice RNs for perioperative nursing is challenging. Approximately 50% of newly licensed nurses leave during their initial year of employment (McDonald & Ward-Smith, 2012). The reasons for this high turnover among new graduates include high patient acuity, stress, lack of support for new nurses, and poorly designed orientation programs. Nursing turnover negatively affects the job satisfaction and morale of remaining staff (McDonald & Ward-Smith, 2012). Typically, the operating room environment can be demanding and intimidating for the experienced perioperative RN; it is even harder for a novice nurse to acclimate to this fast-paced, high-stress environment (Wilson, 2012).

Hospital-based orientation programs vary in length, curriculum, and clinical learning experiences. Previous traditional orientation programs used the motto “see one, do one, teach one,” which is not an effective teaching method for providing safe and evidence-based perioperative nursing services (Henrickson, 2010). Establishing a formal structured program is important to prevent the nearly 45% turnover and attrition rates that contribute to inadequate training and development (Gregory et al., 2014).

Perioperative nurse educators are in high demand to teach novice nurses the clinical reasoning necessary to safely practice as advanced beginners. Perioperative nursing knowledge is translated into clinical practice through formal training. Individualized mentoring facilitates the progression of the advanced beginner to function independently as a competent nurse. Participating in specialty training and education provides the novice nurse with support to develop the situational reasoning and critical thinking skills necessary to integrate into the perioperative nursing workforce (Ball et al.,

2015). The overall aim is for novice nurses to transition to a new self-identity from a registered nurse to a perioperative registered nurse.

### **Implications for Social Change in Practice**

This POEM program has the potential to become a system-wide quality improvement and professional development initiative within a large academic medical center to reduce perioperative RN turnover, stabilize a perioperative nursing planning workforce issue, and deliver safe perioperative nursing care. The implications for change include an increase in the quality of perioperative nursing care, an increase in novice RN retention rates, an increase in job satisfaction among RN clinical advisors, and a decrease in perioperative RN novice turnover rates. At the completion of the program, the novice RNs may decide to take an exam that leads to board certification in perioperative nursing. The novice RNs can become members of the AORN at the local, state, and federal level.

### **Definitions of Terms**

The following terms guided this capstone proposal project.

*Registered nurse:* A registered nurse is an individual who has completed academic requirements and passed the National Council Licensure Exam (NCLEX). An RN is authorized and licensed to practice as a registered nurse. An RN uses a nursing process that includes assessment, analysis, intervention, and evaluation (South Carolina Legislature, 2015).

*Circulating nurse:* A circulating nurse is an individual who is licensed to practice as a registered nurse in the circulating RN role. A circulating nurse manages the overall

nursing care in the operating room and helps to maintain a safe, comfortable environment. Twenty-three states mandate that the role of the circulating nurse cannot be delegated to unlicensed assistive personnel such as a surgical technologist (ST; AORN, 2015).

*Clinical advisor:* The role of the clinical advisor (the term *preceptor* is recognized, for RNs to receive compensation, they must receive clinical advisor training at the *System*) is to actively facilitate the teaching/learning process and provide validation of competence of new RNs (Orientees) ... the clinical advisor will maintain contact with and provide resource support to the new RN throughout the first 90 days and up through the first year of employment.

*Novice perioperative RN:* A novice perioperative RN is an RN who is a newly licensed nurse or an experienced nurse from another area of nursing. Novice nurses are new and unfamiliar with the practice of perioperative nursing (AORN, 2012).

*Perioperative nurse:* A perioperative nurse is a registered nurse (RN) who uses the nursing process to develop, coordinate, and implement individualized surgical plans of care for patients undergoing invasive or surgical procedures. Perioperative nurses provide perioperative nursing care to surgical patients in various perioperative nursing settings (AORN, 2015).

*Perioperative nursing practice:* Perioperative nursing is a unique specialized area of nursing practice that requires a set of skills and knowledge, specialized education, and training for surgical patients undergoing invasive or operative procedures. Perioperative nursing practice settings include ambulatory or outpatient surgery centers, surgical

service departments in acute care hospitals, and physicians' offices or clinics (AORN, 2015).

*Scrub (nurse) role:* A perioperative nurse who functions in the scrub role selects and handles instruments and supplies used for the operation. Unlicensed assistive personnel known as *surgical technologists* (STs) usually function in this dynamic role (AORN, 2015).

*Transition-to-practice (T2P):* A T2P program is a supportive program for nurses transitioning to new clinical areas that include perioperative nursing settings (AORN, 2011).

*Transition-to-practice model:* An evidence-based program that supports progress and transition of novice nurses from the educational setting to professional nursing practice. The model contains five learning modules to enhance active learning to facilitate competent nursing practice within a 6-month time span (NCSBN, 2010).

## **Assumptions and Limitations**

### **Assumptions**

*Assumptions* are viewpoints commonly taken for granted that do not have the evidence to support a theory or concept (McEwen & Wills, 2011). The project included the following assumptions:

1. The POEM program would be individualized to increase competence, knowledge, and confidence of novice perioperative RNs.
2. The POEM program would be a positive learning opportunity for novice perioperative RNs.

3. The POEM program would be cost effective for the healthcare organization.
4. The POEM program would be a system-wide initiative throughout the eight hospital campuses.

### **Limitations**

*Limitations* are challenges that can restrict or decrease the applicability of findings referring to concepts of a qualitative study (Grove, Burns, & Gray, 2013). The project included the following limitations:

1. The QI project leader was employed at the healthcare organization in which the POEM program was piloted.
2. The project may not be feasible to implement as a system-wide initiative among the other eight hospital campuses.
3. The curriculum may not be generalizable to another perioperative nursing setting.

### **Summary**

Section 1 has presented a workforce planning issue that acute care healthcare organizations are experiencing and a T2P program to retain and recruit qualified perioperative nurses. A pilot Perioperative Orientation, Education, and Mentoring (POEM) program was created to support perioperative RNs working in acute care healthcare organizations based on evidence-based research. This project has implications for social change in that it may encourage the implementation of a system-wide orientation program among eight hospital campuses within this large academic medical

center. This would be a positive contribution to perioperative nursing practice to address the perioperative nursing workforce issue within this large academic medical center.

## Section 2: Review of Scholarly Evidence

### **Introduction**

This quality improvement (QI) project focused on the POEM program for novice perioperative RNs in the surgical services department of a large academic medical center. Unrealistic T2P expectations for novice RNs (newly licensed RNs and RNs new to perioperative nursing) have resulted in significant turnover and attrition rates as high as 45% (Gregory et al., 2014). Nursing specialty areas such as perioperative nursing are developing T2P programs that represent an Institute of Medicine (IOM; 2010) recommendation (Battié, 2013).

### **Literature Search Strategy**

The literature search involved the following electronic databases: Association of periOperative Registered Nurses (AORN), CINAHL Complete, EBSCOhost, Google Scholar, Medline Complete, Nursing @ Ovid, ProQuest Health and Medicine, Sage Journals, Science Direct, University of Phoenix Online Library Research, and Walden University Online Library Research websites. The articles included in the literature search had been published within the last 5 years. The search terms and criteria included *acute-care health care settings, nursing education, perioperative nursing, perioperative registered nurse, perioperative nursing practice, mentoring, nursing turnover, orientation programs, T2P, recruitment, residency, and retention.*



## **Acute Health Care Settings**

### **Acute Care Settings**

*Acute health care settings* are institutions and organizations that provide health care services for acute exacerbations of illness, routine health problems, and life-threatening emergencies. Acute care is individually oriented, curative, and time-sensitive, with the focus on improving health. Acute care hospitals focus on treating emergent and unpredicted episodes of illness and injury that, without immediate life-saving interventions, could lead to death or disability (World Health Organization, 2013).

### **Rising Patient Acuity**

Acuity levels among surgical patients continue to rise and consist of three attributes. The first attribute, known as *complexity of care*, identifies physical, medical, and surgical needs. The second attribute, known as *severity* or *intensity*, focuses on acute or chronic needs. The third attribute, known as *workload*, focuses on the increasing need for care provided by nursing (Brennan & Daly, 2009). Rising patient acuity levels focus on workload that leads to an increase in nursing services. The nursing workload includes high and low patient acuity and an increase in patient-to-nurse staffing ratios (Nguyen, 2015). Rising patient acuity populations are increasing among acute health care settings. Many of these patients wait until the last minute to obtain health care, which often leads to an increase in surgical patient acuity levels (South Carolina Public Health Institute, 2011).

## **Professional Nursing Practice**

The practice of professional nursing involves work environments that include ambulatory or outpatient centers, acute inpatient settings in hospitals, long-term acute care hospitals, nursing homes, home health, and other health care environments.

Increasing numbers of complex and high-acuity patients are challenging healthcare organizations to develop externships, residencies, and internships. Capstone programs can enhance preparation and realistic expectations for graduating nursing students and novice RNs. Specialized nursing practice settings differ by competencies or skills, job descriptions, nursing roles, patient outcomes, and interventions. *Specialized practice settings* refer to acute care inpatient settings such as acute care operating rooms or acute care surgical services (American Association of Colleges of Nursing, 2015).

## **Perioperative Nursing**

The role of perioperative nursing has expanded to include the three phases of surgery. The first phase, known as the *preoperative phase*, begins with the decision to have surgery and continues up to and includes when the patient is transferred to the operating room. The perioperative nurse assesses, collects, and analyzes patient data to develop a plan of care before the patient enters the operating room. The second phase is known as the *intraoperative phase*, which begins when the patient enters the operating room. The perioperative nurse implements the plan of care and evaluates nursing interventions based on the changing needs of the patient during the surgical procedure. The third phase, known as the *postoperative phase*, begins when the patient is transferred from the operating room to the postanesthesia care unit (PACU). The perioperative nurse

transfers the care of the surgical patient from the operating room to the next level of care (AORN, n.d.).

### **Registered Nurse**

A *registered nurse* is an individual who has completed academic requirements and passed the National Council Licensure Exam (NCLEX). The RN is authorized and licensed to practice as a registered nurse. The RN uses a nursing process that includes assessment, analysis, intervention, and evaluation (South Carolina Board of Nursing, 2014).

### **Perioperative RN**

A *perioperative nurse* is a registered nurse (RN) who uses the nursing process to develop, coordinate, and implement an individualized surgical plan of care for patients undergoing invasive or surgical procedures. Perioperative nurses provide perioperative nursing care to surgical patients in various perioperative nursing settings (AORN, 2015).

### **Novice Perioperative RN**

A *novice perioperative RN* is a newly licensed nurse or an experienced nurse from a different nursing setting. Novice nurses are new and unfamiliar with the practice of perioperative nursing (AORN, 2012).

### **Nursing School Curricula**

Perioperative nursing practice is not included in the core curriculum of Bachelor of Science in Nursing (BSN) programs. Nursing programs seldom offer elective nursing specialty courses such as perioperative clinical nursing rotation and shadowing opportunities. Without perioperative nursing education and exposure, graduating nurses

are unfamiliar with and not interested in working in this practice environment. Nurses nearing retirement age will affect the perioperative nursing workforce (Ball, Doyle, & Oocumma, 2015). This partially explains the progressive shortage of perioperative nurses (Gregory, Bolling, & Langston, 2014). The lack of intraoperative clinical nursing rotations in nursing schools has led to challenges to attract new graduate nurses to the perioperative environment (Castelluccio, 2012). However, novice nurses hired for perioperative nursing practice require orientation programs that help them make the T2P from novice to advanced beginner.

### **Theoretical Framework**

The theoretical framework known as Benner's (1982) *from novice to expert* theory postulates that nurses understand and develop nursing skills through experience and education. Review of the literature supports Benner's theory. Gregory, Bolling, and Langston (2014) supported the use of Benner's theory as the foundation for professional advancement for nursing. Logan (2012) supported the use of Benner's theory through technology such as YouTube (<http://www.youtube.com>) to assist with training. Messina, Ianniciello, and Escallier (2011) incorporated Benner's theory during a perioperative nurse residency program. Martin (2011) supported the use of Benner's theory when an individual nurse moves from an expert area of nursing to a novice role in the transition to the perioperative nursing setting. Noonan (2011) developed a concept-based education program using Benner's theory for newly licensed registered nurses. Dumchin (2010) incorporated the use of web-based technology to allow a smoother transition using Benner's theory for training novice RNs in a perioperative nursing program.

### **Applying Benner's Theory to Practice**

Benner's theory is applicable to developing the novice RN into a competent RN in the perioperative setting. The theory consists of five proficiency levels; however, this project focused on the first three levels: novice, advanced beginner, and competent. The first level, *novice*, describes RNs with no experience and little competency in perioperative nursing. The second level, *advanced beginner*, is when the novice perioperative RN demonstrates acceptable performance and competency, working with the assistance of an experienced nurse. The third level of proficiency is known as *competent*. RNs progress to the level of competent when they are able to practice independently after practicing for 2 years in a specific nursing practice setting (Benner, 1982). The T2P model by the NCSBN (2010) indicates that a novice RN may practice at a competent level at 6 months to 1 year in practice. This model contradicts the experience stated by Benner's theory. The findings from this project further inform the literature specific to the fit of Benner's theory, or the T2P model, to the perioperative nursing setting.

### **Conceptual Framework Transition-to-Practice Model**

The conceptual framework T2P model was developed by the National Council of State Boards of Nursing (NCSBN) in 2010. The T2P model is an essential element of preceptor- student-nurse relationships during the role transition from student nurse to professional nurse. The T2P model consists of five transitional models: communication, evidence-based practice, informatics, teamwork, and quality improvement. Health care organizations that implement T2P models demonstrate decreased attrition rates and

improved patient outcomes (Remillard, 2013). Martin (2011) recognized that experienced nurses will transition back to the novice role when new to the role of the perioperative nurse. Dumchin (2010) supported a smoother transition for novice RNs in a perioperative nursing program.

### **Summary**

Perioperative orientation programs should be reviewed, revised, and evaluated based on staffing needs and projected shortages of perioperative nurses. Because there was no formal orientation program in place, the need to develop a T2P program was identified. This is critical to align and sustain the perioperative nursing issue within this large academic medical center.

### Section 3: Methodology

The purpose of this quality improvement (QI) project was to develop and implement a Perioperative Orientation, Education, and Mentoring (POEM) program to support the novice perioperative nurse in the operating room (OR) department of a large academic medical center. Developing the orientation curriculum focused on the AORN (2015) *Guidelines for Perioperative Practice*, educational modules and videos, hands-on demonstration, simulation, case studies, and other evidence-based teaching methodologies as indicated.

#### **Goals for Project**

The first goal of this project was to gain insight and experience in the role of perioperative clinical nurse educator for novice registered nurses (RNs) in the operating room setting within a large academic medical center. The first objective was to analyze the educational needs of novice RNs new to the operating room environment. The second objective was to analyze nursing best practices for care of the surgical patient.

The second goal was to integrate advanced nursing knowledge to develop and deliver nursing education related to the transitional Perioperative Orientation, Education, and Mentoring (POEM) program in a large academic center.

The first objective was to create the curriculum for the transitional POEM program associated with care of the perioperative surgical patient and AORN (2015) *Guidelines for Perioperative Practice*. The second objective was to implement the POEM program. The third objective was to evaluate learning relating to and satisfaction with the POEM program.

### **Determining Educational Needs of Novice RNs**

A learning needs assessment tool (see Appendix A) for novice RNs was developed by the perioperative clinical nurse educator. The learning needs assessment tool was completed by the novice RNs in March 2015. Data compiled from the learning needs self-assessment (see Appendix B) were instrumental when developing the initial POEM program (see Appendix C). Nine novice RNs answered the learning needs assessment. The competencies as rated on a scale that included the following four categories:

1. No, I do not have adequate knowledge or skills, nor do I feel confident to meet the requirements of this competency.
2. YB: Yes, but I know enough or can do this competency if I had to; however, I am not confident doing so and would like to learn how to do it better. I need to improve my knowledge, skills, attitudes, and critical judgments.
3. YS: Yes, I have the knowledge, skills, attitudes, and judgments to adequately meet all the requirements of this competency. I function independently, providing high-quality nursing health services and patient care.
4. NA: This competency does not apply to me; it may be outside my legislated scope of practice or not part of my current practice (see Appendix D).

Reviewing the rating scale responses from the novice RNs, the majority identified “YB: Yes, but I know enough or can do this competency if I had to, I am not confident doing so and would like to learn how to do it better” as a priority. The QI project leader identified the competencies of significance that required skills and knowledge, including



asepsis; counting sponge, sharps, and instruments; critical thinking; instruments; intraoperative electronic documentation; facility policies; positioning; skin prep; sterilization; and specimens. These competencies were included in the POEM program.

### **Analyze Best Practices**

A pilot Perioperative Orientation, Education, and Mentoring (POEM) program (see Appendix E) and RN competency documentation (see Appendix F) were developed using the learning needs self-assessment for novice RNs new to perioperative nursing. The pilot POEM program and RN competency documentation aligned with facility policies and AORN (2014) recommended standards and practices (the organization renewed the e-subscription). The pilot POEM program used for novice RNs was revised in February 2016. The RN competency documentation template was reviewed by experienced RNs for feedback, suggestions, and revisions. In July 2015, a standardized template (see Appendix H) was approved by the manager of nursing workforce development (NWD). The content was approved by the perioperative clinical nurse educator (CNEs) cohort for use across the eight campuses.

### **Determining Educational Needs of the Clinical Advisors**

A learning needs assessment tool (see Appendix G) developed by the perioperative CNE was distributed to the RN clinical advisor staff in March 2015. Data compiled from the learning needs self-assessment was instrumental when developing the perioperative clinical advisor training program (see Appendices J & K). The total number of RN clinical advisors who completed the learning needs assessment tool was 16.

Competencies were rated on the same scales as the learning needs assessment tool for the novice RNs. The rating scale included the following four categories:

1. No, I do not have adequate knowledge or skills, nor do I feel confident to meet the requirements of this competency.
2. YB: Yes, but I know enough or can do this competency if I had to; however, I am not confident doing so and would like to learn how to do it better. I need to improve my knowledge, skills, attitudes, and critical judgments.
3. YS: Yes, I have the knowledge, skills, attitudes, and judgments to adequately meet all the requirements of this competency. I function independently, providing high-quality nursing health services and patient care.
4. NA: This competency does not apply to me; it may be outside my legislated scope of practice or not part of my current practice (see Appendix G).

The majority of the RN clinical advisors responded with “YS, yes I have the knowledge, skills, attitudes, and judgements to adequately meet all the requirements.” Of significance, 11 out of the 16 responded to not being a member of the professional nursing organization known as the Association of periOperative Registered Nurses (AORN; see Appendix H). A question comes to mind: If an RN is not a member of the professional nursing organization, how can the RN be up to date with policies and best practices?

At the health care organization, if an RN completes clinical advisor training, the RN is compensated an additional dollar for each hour when in the role of clinical advisor in the operating room setting. The perioperative CNE or project leader developed a

clinical advisor training program (see Appendix J) and role description for the clinical advisor (see Appendix K), this training program has yet to be approved for the additional dollar.

### **Evaluation Plan**

The evaluation plan was known as an effectiveness-based program plan. The intended outcome was to determine the effectiveness of this pilot program by monitoring, revising, and evaluating whether the objectives of the program were met and to improve nursing skills or competencies (Hodges & Videto, 2011). Activities or interventions of the formative evaluation plan included testing materials such as the instructional online curriculum, testing procedures, and testing educational videos prior to implementation with novice RNs in the perioperative setting. The use of the formative evaluation plan continues after the completion of the project to determine if the outcomes were achieved (Hodges & Videto, 2011).

### **Evaluation Tool**

An RN Surgical Skill Assessment Tool (see Appendix M) developed as a strategy to determine baseline knowledge before implementing the POEM program (see Appendix N). The RN Surgical Skill Assessment Tool was designed as a pre intervention questionnaire to determine the knowledge base before implementing the pilot POEM program for the novice RNs in the operating room. The same RN surgical skill assessment tool was completed by the novice RNs as a post intervention questionnaire to demonstrate whether skill and knowledge acquisition had occurred after implementation of the pilot POEM program (Grove et al., 2013).

### **POEM Program Results**

An RN Surgical Skill Assessment Tool was developed by the perioperative CNE (see Appendix L). The RN Surgical Skill Assessment Tool was completed by five novice RNs as a questionnaire prior to implementation of the POEM program. The rating scale included the following four categories:

1. *No experience*; you have not done the stated task or skill. The data revealed for the first category was 77 (see Appendix M).
2. *Minimal experience*; you have performed the task or skill infrequently. The data revealed for the second category was 45.
3. *Moderate experience*; you can perform the task or skill independently with the help of a resource person. The data revealed for the third category was 86.
4. *Extensive experience*; you can perform the task or skill proficiently without assistance. The data revealed for the fourth category was 56.

The same RN Surgical Skill Assessment Tool was completed by the same five novice RNs upon completion of the POEM program. This tool was used to determine whether knowledge acquisition had occurred after implementation of the POEM program. The rating scale included the following four categories:

1. *No experience*; you have not done the stated task or skill. The data revealed for the first category was zero (see Appendix N).
2. *Minimal experience*; you have performed the task or skill infrequently. The data revealed for the second category was 3.

3. *Moderate experience*; you can perform the task or skill independently with the help of a resource person. The data revealed for the third category was 20.
4. *Extensive experience*; you can perform the task or skill proficiently without assistance. The data revealed for the fourth category was 237.

### **Discussion**

This project did show a difference between the preintervention and the postintervention POEM program. In a review of the cumulative scores from the responses from the post intervention tool (see Appendix N), the majority of the novice RNs responded by selecting Category 4. The fourth category was *extensive experience* (can perform the task or skill proficiently without assistance). The data for the fourth category were 237. In the raw data results from the RN surgical assessment tool, the novice RN self-assessment experience level increased from pre intervention to post intervention for the POEM program as identified. The difference between preintervention and postintervention for the fourth category demonstrates a significant increase in experience, skill, and knowledge acquisition (see Appendix N).

### **Summary**

An evaluation plan focuses on the use of evidence-based curricula and programs that contribute to nursing education to support nursing practice within a specialty nursing setting. The effectiveness of the POEM program was measured using a postintervention tool such as the RN Surgical Skills Assessment that demonstrated positive skill and knowledge acquisition after implementation of the POEM program.

## Section 4: Findings and Implications

### **Introduction**

Perioperative registered nurses (RNs) are vital to the provision of safe patient care for those undergoing invasive and surgical procedures within acute care settings.

Unrealistic T2P expectations for novice RNs (newly licensed and RNs new to perioperative nursing) have resulted in significant turnover and attrition rates as high as 45% (Gregory, Bolling, & Langston, 2014).

A large integrated delivery system (System) in South Carolina with eight hospital campuses did not have adequate orientation and education resources to prepare new graduates for perioperative nursing. Thus, a pathway known as the POEM program reflecting the T2P model (NCSB, 2011) and the Association of periOperative Registered Nurses (AORN) was developed by a perioperative CNE.

### **Project Design**

The project involved the implementation of the POEM program with a qualitative focus to understand the participant experience. As the perioperative CNE, I can better understand the perspectives of novice RNs in order to improve the perioperative educational program (Grove, Burns, & Gray, 2013). The POEM program is an educational program with a mentoring emphasis involving support from the perioperative CNE for novice RNs new to the perioperative practice environment. This project was conducted to understand how the intervention impacted novice nurses and the RN clinical advisors by the end of the 16- to 24-week POEM program.

### **Ethics and Human Subjects Protection**

As the quality improvement (QI) project leader, I supported and adhered to the American Nurses Association (ANA; 2010) *Code of Ethics for Nurses with Interpretive Statements* (2001), which supports and values the ethics of the nursing profession that guide relationships and conduct with respect to all individuals, including nursing colleagues (para. 2). As the QI project leader, I obtained approval from the Walden University Institutional Review Board (IRB; see Appendix O) and *System* IRB (see Appendix P). A consent form (see Appendix R) and questionnaires (see Appendices S & T) developed for the novice RN and RN clinical advisor was approved by the *System* IRB. A project co leader known as *MJF* was approved by the *System* IRB. Collection of qualitative data from the two target populations occurred after IRB approval. The data was kept in a locked drawer or in my possession, with all participants remaining anonymous.

### **IRB Approval**

After IRB approval (#Pro000047252) was obtained from Walden University and the *System*, I met and discussed the purpose of the project with the first target population, known as the *novice RNs*. Five out of five novice RNs agreed to participate and signed an approved consent form (see Appendix R) in the presence of a witness.

As the QI project leader, I met and discussed the purpose of the project with the second target population, known as the *RN clinical advisors*. Five out of six RN clinical advisors agreed to participate; the RN clinical advisors signed a consent form in the

presence of a witness. The data was kept in a locked drawer or in my possession. All participants will remain anonymous.

### **First Goal of the Study**

The first goal of this qualitative improvement study was to gain insight and experience in the role of the perioperative CNE for novice RNs in the operating room setting within a large academic medical center. As the perioperative CNE, I would thus better understand the perspectives of novice RNs in order to improve the perioperative orientation and educational program.

### **Population and Sampling**

The QI project included two target populations. The first population was *novice RNs*. The novice RNs included newly licensed RNs and RNs new to the perioperative practice setting. The second population was *perioperative RN clinical advisors*. The sample population included novice RNs hired within the last 6 to 9 months. This qualitative project sought to understand how the POEM program impacted the novice RNs and RN clinical advisors, with a focus on the following questions:

1. What does it mean to be a novice RN during the 16- to 21-week transitional POEM program?
2. What does it mean to be a perioperative staff RN clinical advisor (preceptor) during the 16- to 21-week POEM program?

### **Setting and Data Collection: First Focus Group**

This qualitative improvement study included the use of the focus group method for data collection. The focus groups was conducted at *System* in the state of South



Carolina on the main medical campus in perioperative CNE's office (I share an office with another CNE). The first focus group was the novice RNs. This qualitative approach involved a small sample size. Thus, the first focus group consisted of three novice RNs. The first focus group was conducted in December 2015. As the QI project leader, I developed an open-ended questionnaire (see Appendix S), which was approved by the *System* IRB. This questionnaire was used for data collection during the first focus group. The purpose of the questionnaire was to assist me in better understanding the perspectives of the novice RNs. Two out of the five novice RNs were unable to attend the focus group but were able to submit written responses to the questionnaire. The written responses were included in the qualitative data analysis. The coleader and I transcribed the oral responses from each participant. After the first focus group met, the coleader and I met to compare written notes and to discuss the responses from the participants.

The second focus group met in January 2016, with the second co leader present. This qualitative approach involved a small sample size. Thus, the second focus group consisted of two out of the five RN clinical advisors. I developed an open-ended questionnaire (see Appendix T), which was approved by the GHS IRB. The purpose of the questionnaire was to assist me in better understanding the perspectives of the RN clinical advisors. Three of the RN clinical advisors were unable to attend the focus group but were able to submit written responses to the questionnaire. The written responses were included in the qualitative data analysis. This questionnaire was used for data collection during the second focus group. The coleader and I met and transcribed the oral

responses from each participant. After each focus group, the coleader and I met to compare written notes and to discuss the responses from the participants.

### **Qualitative Data Analysis: First Focus Group**

This project involved a qualitative content analysis (QCA) inductive approach to understand and interpret the experiences of the novice RNs during an orientation program in order to improve the POEM program. The QCA was selected to address the data in terms of themes and subthemes as a method to describe the participant's experience (Elo et al., 2014). The coleader and I selected themes and subthemes related to each question. The themes and subthemes are in table format in the appendices (See Appendices A-Z; AA-NN).

#### **QCA Question 1: Learning a New Nursing Specialty**

The first question was the following: Can you describe what it feels like as an experienced nurse or newly licensed nurse learning a new specialty? (See Appendix U.) The responses from the novice RNs revealed that it is challenging, overwhelming, and feels like going back to nursing school: "It feels like going to back to nursing school. Not taught in nursing school."

**Back to novice.** The responses indicated that the novice RNs were experienced in nursing but not in perioperative nursing felt as though they were back to not knowing anything and were new again:

It is challenging to learn a new specialty, especially when you are experienced, because you were good at what you did before and you have to start from square one knowing basically nothing again. Your experience helps you, but you feel like

you don't know anything, where you used to be very experienced where you came from.

**Recommendation.** The QI project leader and second co-leader recommend developing a nurse extern program focusing on the perioperative nursing specialty within health care organizations. An extern program could be an effective strategy to increase the perioperative nursing workforce.

### **Question 2: Lack of Knowledge of the Role of the Perioperative Nurse**

The second question, what was your perception of perioperative nursing when you applied for this job (see Appendix V). The responses from the novice RNs, demonstrates a lack of knowledge related to the role of the perioperative registered nurse. *“I don't think I really had a perception coming into this job. I wasn't sure exactly what was required or what the circulating nurse's role was.”*

**A more dynamic working environment.** The responses from the novice RNs revealed they acknowledged that they did know the role of the perioperative RN, yet they knew it was a different or a dynamic work environment.

*“Challenging, always liked surgery, fascinating , saw a C section while in nursing school. OR nursing is different than floor nursing, Floor nursing is more monotonous.”*

**Recommendation.** The QI project leader and second co-leader recommend going to the local nursing schools to promote perioperative nursing as an option upon graduation from nursing school.

### **Questions 3, 4, & 5: Adventurous and Open to Learning**

The third, fourth, and fifth questions were combined, how did you choose perioperative nursing, what do you think perioperative nursing is, and what do you think you will like about perioperative nursing (see Appendix Z). The ages of the novice RNs noted to be in the mid-twenties demonstrated an adventurous spirit and were open to learning.

*“general likes surgery different surgeries, more technology. GMH is more cutting edge.”*

**Patient advocate.** The novice RNs demonstrated the role of the perioperative RN related to being a patient advocate.

*“GMH is more cutting edge.” “I think it is being an advocate for the patients as well as making sure the other staff in the room is supported and can do their job to the best of their ability with your assistance.”*

### **Question 6: Lack of Autonomy**

The sixth question, what do you think you will not like about perioperative nursing (see Appendix AA). The novice RNs responded with a lack of control or lack of autonomy relating to change in assignments, scheduling, and not being able to leave at the end of the shift.

*“Must stay, decreased control, change in assignment...”*

**Recommendation.** The QI project leader and second co-leader recommend involvement in a professional nursing organization such as the local chapter of the AORN.

**Question 7: Caring for the Patient**

The seventh question, can you describe the role of the RN in the operating room setting (see Appendix BB). The responses from the novice RNs described the role of the RN in the operating room setting as caring for the patient by care coordination, organizational skills, and preparation of the room prior to surgery.

*“Taking care of the patient, anticipating - good preceptor. Anticipate what is needed.”*

**Managing the nursing care of the surgical patient.** The responses from the novice RNs described the role of the RN in the operating room setting as transitioning the care of the patient, acting as a patient advocate by speaking up, and to protect for the patient as well as anticipating what, is needed, during surgery.

*“Coordinating the room, to run smoothly, more safety, cost, & better patient outcomes Keeping the room organized, patient advocate, knowing what is needed.”*

**Recommendation.** The QI project leader and the second co-leader recommend that the perioperative clinical nurse educator to encourage, promote, and support the positive role of perioperative nurse.

**Question 8: Transitioning From Novice to Expert**

The eighth question, how long do you think it will take you to learn the role of the RN in the operating room setting (see Appendix CC). The responses from the novice RNs related to the length of time revealed that it will, take up to one to two years to be comfortable to learn the role of the RN in the operating room.

*“Phew! A while! I’ve been told a year, but I think it will take longer to actually be comfortable.”*

**Preceptor dependent.** The responses from the novice RNs revealed that it is dependent on the preceptor as to what the novice RN can do and not do.

*“If you have a preceptor that lets you do stuff, 2 years it varies with preceptor.”*

**Recommendation.** The QI project leader and second co-leader recommend developing a preceptor or clinical advisor program to support and train the clinical advisors at the health care organization.

### **Question 9: Positive Feedback**

The ninth question, how does it make you feel when you receive positive feedback (see Appendix DD). The responses from the novice RNs relating to receiving feedback demonstrates that it makes them feel like they are doing something right and making progress while learning a new specialty.

*“It makes me feel good to receive positive feedback because it makes me feel like I am doing something right and making progress.”*

### **Questions 10 & 11: Open to Constructive Feedback**

The tenth and eleventh questions were combined, how does it make you feel when you receive constructive suggestions, how do you think you will respond to consistent critiquing of your daily nursing practice (see Appendix EE). The novice RNs responses revealed they were open and appreciated the constructive feedback. Constructive feedback, as seen by the novice RNs as a way to, improve their practice.

**Delivery of constructive feedback from preceptors.** The novice RNs responded they were open to constructive feedback but the delivery, tone, and style of the constructive feedback from the preceptors was important to the novice RNs.

*“Good, depending on the manner in which the criticism is presented. It is important to know where improvements can be made.”*

**Recommendation.** The QI project leader and second co-leader recommend developing a preceptor or clinical advisor program to support and train the clinical advisors at the health care organization.

### **Question 12: Remain in Role as a Perioperative Nurse**

The twelfth question, what do you see yourself doing five years from now (see Appendix FF). The responses from the novice RNs revealed that four of the five RNs would remain in some capacity in surgery.

*“In five years I hope to be a better nurse than I am today and be able to teach newer nurses the best practice and be able to help them feel comfortable in their roles.”*

### **Qualitative Data Analysis: Second Focus Group**

This is a qualitative content analysis (QCA) inductive approach to understand and interpret the experiences of the RN clinical advisors in the operating room to improve the POEM program. The perioperative CNE can better understand the perspectives of the experienced RNs in order to improve the POEM program. The QI project leader seeks to understand, what does it mean to be a perioperative staff RN clinical advisor (preceptor) during the sixteen to twenty-one week POEM program?

### **Question 1: Desire to Learn and Grow Professionally**

The first question for the second focus group, how did you choose perioperative nursing (see Appendix GG). The responses from the RN clinical advisors revealed a

desire to learn and to grow professionally. Most of the RN clinical advisors discussed opportunities to apply for positions in the operating room and pursued the opportunity.

*“I was at a point in my nursing career to where I needed a change to really figure out where I could see myself being for a long time. Therefore, I saw positions open for the OR and I applied and got the job. The rest is history. This was my first time working in the OR and I love it!”*

### **Question 2: Six Months**

The second question, how long did it take for, you to be, trained in perioperative nursing (see Appendix HH). The responses from the RN clinical advisors revealed the length of time for orientation in the perioperative nursing setting takes six months.

*“I think new Perioperative nurses should get 6 months of orientation depending on what services they will be responsible for learning.”*

**Recommendation.** According to the AORN (2015) recommendation, an orientation program for a novice RN is at a minimum of six months. The QI researcher and the second co-investigator agree with this recommendation.

### **Question 3: Caring for the Patient**

The third question, do you understand the role of the perioperative RN as circulator (see Appendix II). The responses from the RN clinical advisors, was similar to the novice RNs when asked this same question. The RN clinical advisors responded that it taking care of the patient, family, and everyone in the operating room.

*“... take care of everyone, patient, control flow of room, communication, safety...”*



**Patient advocate.** The RN clinical advisors responded that the role of the RN is a patient advocate when the patient is more vulnerable.

*“First & foremost you are the patient’s advocate. There is probably no place where the patient is more vulnerable than during surgery. We must put their safety & well-being first always. Other duties include coordinating the other OR staff & efficiently running your room every day.”*

#### **Question 4: Patient Focused**

The fourth question, what do you like about perioperative nursing (see Appendix JJ).

The responses from the RN clinical advisors revealed what they like about perioperative nursing is patient centered and caring for one patient at a time.

*“One of the most important things that I like about perioperative nursing is the fact that you only deal with one patient at a time. It allows me to give all of my focus to one patient.”*

#### **Question 5: Lack of Control**

The fifth question, what do you dislike about perioperative nursing (see Appendix KK). Similar to the novice RNs, the experienced RNs had a similar theme known as lack of control.

*“Staffing shortages, staffing issues, sometimes long hours, minimal breaks, attitudes of certain staff members, physically demanding job.”*

**Recommendation.** The QI project leader and second co-leader recommend for the RN clinical advisor to get involved with the professional nursing organization known as AORN.

#### **Question 6: Being a Teacher**

The sixth question, how do you feel being in the role of “clinical advisor” to new RN staff, are not experienced in perioperative nursing (see Appendix LL). Responses from the experienced RNs, relates to acting in the role of clinical advisor, was similar to being a teacher.

*“I like it. I enjoy teaching. Education is good.”*

**Increase in job satisfaction.** Responses from the RN clinical advisors demonstrate an increase in job satisfaction and role enhancement.

*“I love teaching new nurses. I think the clinical advisor has the greatest impact on how well a new orientee will perform as a circulator.”*

**Recommendation.** The QI project leader and second co-leader recommend supporting the RN clinical advisor by providing a clinical advisor, training program focusing on perioperative nursing and financial compensation.

#### **Question 7: Not Stressful**

The seventh question, is it stressful for you when you serve as a clinical advisor (see Appendix MM). The RN clinical advisors responded that it is not stressful when in the role of clinical advisor.

*“No it is not stressful for me. I prefer getting the new employees early so they don’t develop bad habits.”*

**Question 8: Six Months**

The eighth question, how long do you think it should take for an RN to be trained in perioperative nursing (see Appendix NN). The responses from the RN clinical advisors revealed the length of time for orientation in the perioperative nursing setting takes six months.

*“I think it should be at least 6 months.”*

**Recommendation.** According to the Association of periOperative Registered Nurses (AORN) (2015) recommendation, an orientation program for a novice RN is at a minimum of six months. The QI project leader and the second co-leader agree with this recommendation.

**Question 9: Increase in Job Satisfaction**

The ninth question, how does it make you feel when you evaluate the progress of a novice RN (see Appendix OO). The RN clinical advisors revealed an increase in job satisfaction when evaluating the progress of a novice RN.

*“It makes me proud to evaluate the progress of a novice RN. I just want them to know that I’m here to support them in anything they need. I also want them to feel comfortable coming to me to talk any time they have questions or concerns.”*

**Recommendation.** The QI project leader and second co-leader recommend supporting the experienced RN by providing a clinical advisor program focusing on perioperative nursing and financial compensation.

**Question 10: Remain in Role as a Perioperative Nurse**

The tenth question, what do you see yourself doing five years from now (see Appendix PP). Three out of the five RN clinical advisors revealed remaining in perioperative nursing five years from now.

*“I can see myself still working right here in the OR within the next 5 years.”*

**Education.** Two out of the five RN clinical advisors revealed they would like to be in an educational capacity five years from now.

*“Being in education, not sure but in some type of educational face.”*

**Recommendation.** The QI project leader and the second co-leader recommend the CNE to support and mentor the RNs clinical advisors to pursue higher levels of education to accomplish their goals.

**Strengths of the POEM Project**

Strengths of the POEM project include the positive acquisition of knowledge as demonstrated by the RN surgical skills assessment tool completed before and after the POEM program by the novice RNs. A second strength of the POEM program was the collaboration among the perioperative CNEs across the system. The third strength of the POEM program is, the RN competency verification documentation was approved by the perioperative CNEs. This is a success perceived by this QI researcher. The fourth strength of the POEM program includes meeting with the system wide perioperative CNEs. Meeting with the perioperative CNEs has brought unity and standardization to the onboarding of new RN employees to the perioperative services department across the

system. A fifth strength of the POEM program is the positive working relationship that has occurred with the perioperative leadership team and this CNE.

### **Limitations of the DNP Project**

Limitations of the POEM project include the inability to gain access to AORN Periop 101 curriculum for new RN employees. The second limitation is the small sample size. The third limitation is the POEM program, was, implemented at the main medical campus. The fourth limitation is the POEM program may not apply to the smaller campuses. The fifth limitation is the health care organization not approving the preceptor or clinical advisor program developed by the QI project leader.

### **Recommendations**

The POEM, as a pilot program, needs to be assessed, and evaluated through evidence-based curriculums, changes in nursing practice, and other programs that contribute to perioperative nursing settings. The effectiveness of a program through evaluating and monitoring the outcomes of the program can help determine if the, outcomes were, achieved, with the planned intervention. This is critical to align and sustain the perioperative nursing workforce.

### Section 5: Dissemination Plan

Upon approval of this DNP project, the dissemination plan includes an oral presentation to the health care organization's nursing research council (NRC). A second method of dissemination will be to apply and orally present to the local annual nursing research symposium in the fall of 2016. A third method will be to conduct a poster presentation within the health care organization and the local AORN chapter. A fourth method will be to submit the DNP manuscript to the *AORN Journal* or *BMC Nursing Journal*. A fifth method will be to present this DNP project to the clinical nurse educator group at the health care organization.

### **Analysis of Self**

My initial reason for applying to the DNP program was that I perceived it as a challenge and an opportunity to see if I could be accepted into a doctoral program without an advanced master's degree. Once accepted, I found that the next challenge was to see if I could pass the classes. Not only did I pass each class, but I was blessed to get straight As throughout the entire program. I took the Dominance, Influence, Submission, and Compliance (DISC) survey in May 2014 and recently reviewed the results. I scored high in the dominant section, since completing this program, I have changed my way of thinking. I agree that I like to take action to achieve a result, but now I have to think more collaboratively and seek the responses of others before making a final decision. I like to research an issue and have evidence to support my point of view. I tend to thrive under pressure and can handle multitasking rather well. I agree that I dislike being controlled by others and would rather work independently. I weigh the pros and cons of an issue rather

than acting on the issue immediately. The results of the DISC survey included being reflective, which includes actions such as this self-analysis. I also agree that I like to avoid conflict and power struggles. I prefer to work behind the scenes, but if there is an issue I am passionate about, I do not hesitate to speak up. Other results included outgoing, eager, and alert. I like to think outside the box and consider myself to be someone who takes risks (such as pursuing this DNP degree).

I have 33 years of experience as an RN, with 26 years in the perioperative nursing setting. I do not regret my career choice, and I feel that God has called me to be an RN. I think we all have choices in life, and one of my choices is to be a lifelong learner. Thank you for this opportunity to present my DNP project.

This journey has been challenging, endless, at times stressful, and exhilarating at the same time. I hope to encourage and mentor other RNs and to be a role model so that other RNs will pursue higher academic achievements.

### **Summary**

The Perioperative Orientation, Education, and Mentoring (POEM) program was developed and implemented as a quality improvement initiative within a large academic medical center. The POEM program is an educational program with a mentoring emphasis, with support from the perioperative clinical nurse educator (CNE) for novice RNs new to the perioperative practice environment. The qualitative focus enabled the perioperative CNE to better understand the perspectives of novice RNs to evaluate, monitor, and improve the perioperative educational program (Grove, Burns, & Gray, 2013).

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## Appendix A: Learning Needs Assessment Tool—Novice RN

### Learning Needs Assessments for Perioperative Novice RNs

This is a self-assessment and learning needs assessment tool relating to competencies required to provide quality perioperative nursing services. This will help to guide, develop, and plan your perioperative orientation program. Please answer each question honestly and to the best of your ability.

#### Please complete this assessment and return to Esther Johnstone, CNE

Rating Scale:

**No = No** – I do not have adequate knowledge or skills, nor do I feel confident to meet the requirements of this competency

**YB= Yes, but** – I know enough or can do this competency if I had to; however I am not confident doing so and would like to learn how to do it better. I need to improve my knowledge, skills, attitudes and critical judgments

**YS=Yes** – I have the knowledge, skills, attitudes, and judgments to adequately meet all the requirements for this competency. I function independently, providing high quality nursing health services and patient care.

**NA = Not applicable** – This competency does not apply to me; it may be outside my legislated scope of practice, or not part of my current practice.

This is a self-assessment to help identify your learning needs, so be honest and specific. No one will see the results of your self assessments (unless you decide to share them).

	<b>Competency</b>	<b>No</b>	<b>YB</b>	<b>YS</b>	<b>NA</b>
1.	I have the knowledge of the nursing process – assessment, planning, implementation, and evaluation				
2.	I have the knowledge & ability to provide perioperative nursing practice to patients' undergoing surgical and other invasive procedures				
3.	I have the knowledge and ability to apply critical thinking and clinical judgment in the perioperative RN role				
7.	I know how to perform various methods of sterilization.				
8.	I can safely handle and care for surgical equipment				
9.	I can carry out the requirements of the perioperative scrub role				
10.	I can perform the				



	circulating RN role in the preparation of the operating room.				
11.	I can provide assistance during the operative procedure				
12.	I have the knowledge of a variety of surgical procedures				
13.	I know how to maintain asepsis or sterile technique in the operating room				
14.	I can aseptically insert a urinary catheter to prevent CAUTIs				
15.	I can apply sterile dressings to surgical incisions and wounds				
	<b><i>Demonstrate knowledge and ability to practice perioperative nursing</i></b>				
16.	Maintain asepsis and sterile technique				
17.	Surgical procedures, and protocols				
18.	Deliver medications in an aseptic manner during the intraoperative phase per policy				
19.	Ordering of supplies and equipment				
20.	Utilization of resources – cost effectiveness – judicious opening of supplies				
21.	Policies and procedures relating to the operating room				
22.	Intraoperative documentation (GE Centricity ORMIS electronic intraoperative record)				
23.	Prepare the operating room with supplies & equipment needed for surgical case				
24.	Notify all personnel who may be required for the surgical procedure (xray, cell saver etc)				
25.	Ensure x-rays, lab results, etc are available (on screens in OR)				
26.	Check electronic health record (Soarian for patient's pertinent diagnosis, x-rays, lab values, H & P, physician/surgeon progress notes, Type & Screen, Type & Cross, etc.)				
27.	Identifies and verifies				

	patient identity – name & date of birth, surgeon, operative site, allergies, jewelry, body piercings, dentures, patient’s family contact name & number				
28.	Position patient safely on the OR table				
29.	Apply safety belt & position devices as required				
30.	Reassure patient & explain procedures				
31.	Prepare operative site according to specific surgery guidelines				
32.	Assist with draping & connection to suction, power tools, etc				
33.	Maintain knowledge of crash cart, defibrillator, & code status				
34.	Assist anesthetist with intubation & extubation				
35.	Checks & verifies blood & blood products with anesthetist				
36.	Process all specimens by labeling & handling appropriately				
37.	Inspect all sterile items for contamination prior to opening				
38.	Provide appropriate instruments & supplies as needed				
39.	Ensure initial, closing, & final counts are correct per policy				
40.	Monitor & maintain sterility throughout procedure				
41.	Provide continuous observation of the surgical team throughout the intraoperative phase while meeting needs with minimal time delays				
42.	Monitor & evaluate the physical well-being of the patient to prevent potential injury or impairment				
43.	Observe & provide appropriate response to complications & unexpected events during the surgical procedure (cardiac arrest, hypothermia)				
44.	Assist in transfer of patient from OR table to stretcher or bed				
45.	Advocate for patient – speak up on patient’s				

	behalf (break in sterile technique, carry out patient's wishes, etc)				
46.	Coordinate care – sending for patient, surgeon's availability, necessary equipment, staffing				
47.	Use standard precautions				
48.	Check case cart & supplies for case				
49.	Ability to trouble shoot equipment that malfunctions & seek assistance				
50.	Assist in transfer of patient to the PACU, ICU, or nursing unit as needed				

## Appendix B: Data From Learning Needs Assessment Tool—Novice RN

Competency	NO	YB	YS	NA
1 I have the knowledge of the nursing process – assessment, planning, implementation, and evaluation		3	6	
2 I have the knowledge & ability to provide perioperative nursing practice to patients’ undergoing surgical and other invasive procedures		6	3	
3 I have the knowledge and ability to apply critical thinking and clinical judgment in the perioperative RN role		4	5	
4 I can safely handle and care for surgical equipment	1	7	2	
5 I can perform the circulating RN role in the preparation of the operating room.	1	7	1	
6 I have the knowledge of a variety of surgical procedures	3	5	1	
7 I know how to maintain asepsis or sterile technique in the operating room		5	4	
8 I can apply sterile dressings to surgical incisions and wounds	1	4	4	
9 Maintain asepsis and sterile technique		5	4	
10 Deliver medications in an aseptic manner during the intraoperative phase per policy		5	4	
11 Utilization of resources – cost effectiveness – judicious opening of supplies	1	4	4	
12 Policies and procedures relating to the operating room		7	2	
13 Intraoperative documentation (GE Centricity ORMIS electronic intraoperative record)	3	4	2	
14 Notify all personnel who may be required for the surgical procedure (xray, cell saver etc)	2	4	3	
15 Ensure x-rays, lab results, etc are available (on screens in OR)	2	4	3	
16 Check electronic health record (Soarian for patient’s pertinent diagnosis, x-rays, lab values, H & P, physician/surgeon progress notes, Type & Screen, Type & Cross, etc.)		3	6	
17 Identifies and verifies patient identity – name & date of birth, surgeon, operative site, allergies, jewelry, body piercings, dentures, patient’s family contact name & number		3	6	
18 Position patient safely on the OR table		5	4	
19 Apply safety belt & position devices as required		4	5	
20 Reassure patient & explain procedures		3	6	
21 Prepare operative site according to specific surgery guidelines	2	4	3	
22 Assist with draping & connection to suction, power tools, etc		5	4	
23 Maintain knowledge of crash cart, defibrillator, & code status	1	3	5	
24 Assist anesthetist with intubation & extubation	2	4	3	
25 Checks & verifies blood & blood products with anesthetist		3	6	
26 Process all specimens by labeling & handling appropriately	1	5	3	
27 Inspect all sterile items for contamination prior to opening	1	2	6	
28 Provide appropriate instruments & supplies as needed	3	5	1	
29 Ensure initial, closing, & final counts are correct per policy	1	1	7	
30 Provide continuous observation of the surgical team throughout the intraoperative phase while meeting needs with minimal time delays		5	4	
31 Monitor & evaluate the physical well-being of the patient to prevent potential injury or impairment		3	6	
32 Observe & provide appropriate response to complications & unexpected events during the surgical procedure (cardiac arrest, hypothermia)	2	5	2	
33 Coordinate care – sending for patient, surgeon’s availability, necessary equipment, staffing	2	4	3	
34 Ability to trouble shoot equipment that malfunctions & seek assistance	3	5	1	

(Learning Nurse Resource Network, 2015)  
(Johnstone, 2015)

## Appendix C: Initial POEM Program

Topic	Assignment/Activity/Video/Skills Lab
1. Introduction to the Perioperative &/or Surgical Environment	1. <b>Watch video</b> – “Surgical Attire” Retrieved from <a href="http://youtu.be/wpquzdjaMc4">http://youtu.be/wpquzdjaMc4</a>
	2. <b>Provide</b> – “– Surgical Attire” Power Point
	3. <b>Skills lab</b> – “- Entrance into the Surgical Environment” handout - Take to empty OR – Provide overview of basic furniture, equipment, supplies, Computer
	4. <b>Activity</b> - Tour of OR: unrestricted (pre-op), semi-restricted (hallways inside the OR, Restricted areas (inside the cores & inside the operating room suite)
Discuss first impressions Discuss what went well	5. <b>Provide</b> time to answer questions or concerns
Leadership/Management staff	<b>Introduce</b> to director, manager, supervisor, staff, clinical advisor/preceptor
Discuss roles of team members in the OR	2. <b>Discuss roles</b> of team members in the OR a. Anesthesia MD/ (. Surgeon/MD/DO/Resident/Fellow/Medical Student Medicine - CRNA – CRNA scope of practice - <a href="https://www.aana.com/aboutus/Documents/scopeofpractice.pdf">https://www.aana.com/aboutus/Documents/scopeofpractice.pdf</a> b. Anesthesia Technician – Standard of Practice (American Society of Anesthesia Technologists & Technicians – Standards of Practice - <a href="http://www.asatt.org/about-us-menu/standards-of-practice-menu">http://www.asatt.org/about-us-menu/standards-of-practice-menu</a> ) c. Surgical Technologist - Scope of practice – <a href="http://www.aom.org/Career_Center/Explore_Careers/Chart_Your_OR_Career/Surgical_Technologist.aspx">http://www.aom.org/Career_Center/Explore_Careers/Chart_Your_OR_Career/Surgical_Technologist.aspx</a> d. Registered Nurse – AORN <a href="http://www.aorn.org/Clinical_Practice/Position_Statements/Position_Statement_s.aspx">http://www.aorn.org/Clinical_Practice/Position_Statements/Position_Statement_s.aspx</a> e. Team Technician – role description f. AORN position statement – Allied Health Care Providers & Support Personnel in the Perioperative practice setting - <a href="http://www.aom.org/Clinical_Practice/Position_Statements/Position_Statement_s.aspx">http://www.aom.org/Clinical_Practice/Position_Statements/Position_Statement_s.aspx</a>
2. Introduction to Perioperative Nursing & AORN	1. <b>Watch video</b> - “Intro to Nursing: perioperative nursing” Retrieved from <a href="https://www.youtube.com/watch?v=gnPXR46SXU">https://www.youtube.com/watch?v=gnPXR46SXU</a>
	2. <b>Review &amp; Provide</b> - “Introduction to Perioperative Nursing” power point.
	3. <b>Introduction to perioperative nursing</b> – Review “Policy Profile: The perioperative Registered Nurse Circulator” by AORN – provide handout & discuss
	4. <b>Skills Lab</b> – “- Circulating RN Responsibilities - Guide”
3. Professionalism	1. <b>Watch video</b> “Professionalism in nursing” Retrieved from <a href="http://www.youtu.be.com/watch?v=Pu8y13PLYb0">http://www.youtu.be.com/watch?v=Pu8y13PLYb0</a>
	2. <b>Provide &amp; review article</b> written by Baker, J. D. (2013). Social networking and professional boundaries, AORN Journal, 97(5), 501-506. Retrieved from <a href="http://www.aornjournal.org/article/S0001-2092(13)00263-9/pdf">http://www.aornjournal.org/article/S0001-2092(13)00263-9/pdf</a>
	3. <b>Provide</b> – “Professionalism” power point”
Discuss professional boundaries violations	4. <b>Provide time</b> for discussion of article & power point
4. Clinical reasoning & critical thinking in perioperative nursing	1. <b>Review AORN</b> (2015) guidelines for perioperative Practice
	2. <b>Provide</b> copy & Review South Carolina Nurse Practice Act – Retrieved from

	<a href="http://www.scstatehouse.gov/code/t40c033.php">http://www.scstatehouse.gov/code/t40c033.php</a>
	3. <b>Provide</b> – “Introduction to AORN & SC Nurse Practice Act” power point
5. Introduction to Perioperative Nursing Assessment  Reviews patient ALLERGIES: medications Solutions Food Latex	Perioperative Nursing Assessment: The RN assess, collects, and reviews, all Introduction to Perioperative Nursing Assessment  1. <b>Provide copy &amp; Review</b> policy “Standards of perioperative nursing for the RN circulator”  2. <b>Provide copy &amp; Reviews</b> Policy “Latex allergy guidelines”  3. <b>Provide copy &amp; review</b> Policy “Patient Assessment” Retrieved from <a href="http://ghsnet.ghs.org/ORPolicies/Patient%20Assessment%2002-2015.pdf">http://ghsnet.ghs.org/ORPolicies/Patient%20Assessment%2002-2015.pdf</a>  4. <b>Watch video</b> - “Latex Allergies: What you need to know” Retrieved from <a href="https://www.youtube.com/watch?v=R9GJ-FixkuM">https://www.youtube.com/watch?v=R9GJ-FixkuM</a>
	5. <b>Review AORN</b> (2015) guidelines for perioperative Practice
	6. <b>Provide</b> – “Perioperative Nursing Assessment” power point presentation
Review skills lab	7. <b>Activity/skills lab</b> – “– orientation - Perioperative Assessment” skills lab
	8. Provide time to ask questions
6. Perioperative Safety	
Universal Protocol Procedure Applies knowledge of National Patient Safety Goal (NPSG) & Universal Protocol for Surgical & non-surgical invasive procedure to prevent wrong patient, wrong site, wrong procedure surgery (The Joint Commission, 2015)	1. <b>Provide copy &amp; Review</b> policy “Admission to the operating room”
	2. <b>Provide copy &amp; review</b> Manual of policy directives “Universal Protocol” S-50-22
	3. <b>Watch video ER video</b> Time Out - <a href="http://www.youtube.com/watch?v=hCEbPUo1_sA">www.youtube.com/watch?v=hCEbPUo1_sA</a>
	4. <b>Provide copy &amp; review</b> “orientation Surgical safety checklist, time out, & Surgical safety checklist”
	5. <b>Activity/Skills lab handout</b> – “Orientation - Universal Protocol – Skills Lab”
	6. <b>Additional resources</b> – Lippincott Procedures – “Time-out, OR” Retrieved from <a href="http://procedures.lww.com/lnp/view.do?pld=1406378&amp;s=c">http://procedures.lww.com/lnp/view.do?pld=1406378&amp;s=c</a>
7. Obtaining Blood & Handling	1. <b>Provide copy &amp; review</b> policy “Blood, obtaining Emergency blood” & Review “Emergency Release Form”
	2. <b>Provide copy &amp; review</b> – “policy massive blood resuscitation protocol”
	3. <b>Provide copy &amp; review</b> of ‘Blood Consent”
	4. <b>Provide copy &amp; review</b> “Blood & Blood products” power point
	5. <b>Activity/Skills lab</b> – “– Blood – Skills – lab”
8. Electrosurgery Safety – utilizes safe practices to prevent patient injury related to the ESU	1. <b>Watch video ESU: Electrosurgery</b> <a href="https://www.youtube.com/watch?v=UVBPxChoZ6I">https://www.youtube.com/watch?v=UVBPxChoZ6I</a>
	2. <b>Provide copy &amp; review</b> policy “ESU guidelines”
	3. <b>Provide copy &amp; Review</b> AORN (2015) guidelines for ESU
Empty OR	4. <b>Activity/skills lab handout</b> – “– orientation ESU Skills lab”
	5. <b>Additional Resources Lippincott Procedures</b> – “Electrosurgical unit (ESU) use, OR” Retrieved from <a href="http://procedures.lww.com/lnp/view.do?pld=1406165&amp;s=q">http://procedures.lww.com/lnp/view.do?pld=1406165&amp;s=q</a>
Review skills lab - Discuss what went well	6. Provide time to ask questions
9. Medication Safety – administers medication safely	1. <b>Provide copy &amp; review</b> Policy “Medications/solutions administration and handling”
	2. <b>Watch video</b> “Perioperative medication safety practices” Cine Med video <a href="http://cine-med.com/index.php?nav=aom&amp;id=195">http://cine-med.com/index.php?nav=aom&amp;id=195</a>

	3. <b>Provide</b> – “- Orientation – Administering Medications” - Powerpoint presentation
	4. <b>Activity/skills lab</b> – “Aseptic transfer of Medications Skills Lab” - Practice
10. Prevention of Retained Surgical items	1. <b>Watch video</b> “The Surgical Count” <a href="http://www.youtube.com/watch?v=s4RCzhdQIVA">www.youtube.com/watch?v=s4RCzhdQIVA</a>
	2. <b>Watch video</b> “Sentinel Event: Counting Instruments to prevent RSIs” Retrieved from <a href="https://www.youtube.com/watch?v=GCMFnaV1IEA&amp;feature=youtu.be">https://www.youtube.com/watch?v=GCMFnaV1IEA&amp;feature=youtu.be</a>
	3. <b>Watch video</b> “Preventing Retained Surgical Items” Retrieved from <a href="http://cine-med.com/index.php?nav=aom&amp;id=1952">http://cine-med.com/index.php?nav=aom&amp;id=1952</a>
	4. <b>Provide</b> – “-Orientation-Preventing Retained Surgical Items” Power point
	6. <b>Activity/Skills Lab</b> – “-orientation-instrument-sponge-sharps-Skills-Lab”
	7. <b>Additional Resources</b> – Lippincott Procedures – “Preventing retained instruments, OR” Retrieved from <a href="http://procedures.lww.com/lnp/view.do?pld=1406344&amp;s=q">http://procedures.lww.com/lnp/view.do?pld=1406344&amp;s=q</a> Lippincott Procedures - “Preventing retained sponges, OR” Retrieved from <a href="http://procedures.lww.com/lnp/view.do?pld=1406346&amp;s=q">http://procedures.lww.com/lnp/view.do?pld=1406346&amp;s=q</a> Lippincott Procedures - “Preventing retained sharps, OR” Retrieved from <a href="http://procedures.lww.com/lnp/view.do?pld=1406345&amp;s=q">http://procedures.lww.com/lnp/view.do?pld=1406345&amp;s=q</a>
11. Sterile/Aseptic Technique	1. <b>Watch video</b> “Preparation of the sterile field” <a href="http://youtu.be/nulJT_5tMMI">http://youtu.be/nulJT_5tMMI</a>
	2. <b>Provide</b> copy & review policy “Aseptic Technique Guidelines”
	3. <b>Provide</b> copy of “Sterile Technique”
	4. <b>Review</b> & provide copy of Lippincott Procedures – Preparing the OR environment - <a href="http://procedures.lww.com/lnp/view.do?pld=1406343&amp;s=q">http://procedures.lww.com/lnp/view.do?pld=1406343&amp;s=q</a> Go to the OR & demonstrate how to prepare the OR
	5. <b>Provide</b> copy & review AORN (2015) Guideline for sterile technique”
	6. <b>Watch</b> video “Monitoring the sterile field” <a href="http://youtu.be/BwXYJOrucOY">http://youtu.be/BwXYJOrucOY</a>
Empty OR	7. <b>Activity/skills lab</b> – Sterile Technique Skills lab Part 1 & II
	8. <b>Additional resources</b> – Lippincott Procedures “Sterile technique, basic” Retrieved from <a href="http://procedures.lww.com/lnp/view.do?pld=1406960&amp;s=c">http://procedures.lww.com/lnp/view.do?pld=1406960&amp;s=c</a>
12. Sterilization & Disinfection	1. <b>Provide</b> copy & review AORN (2015) Guideline for sterilization
	2. <b>Spend</b> 1-2 days in Central Sterile Processing (CSP) – putting trays together, learning different methods of sterilizations,
	3. <b>Activity/Skills lab</b> – Sterilization & Disinfection Skills lab
	4. <b>Lippincott Procedures</b> – “Steam sterilization” Retrieved from <a href="http://procedures.lww.com/lnp/view.do?pld=1582991&amp;s=c">http://procedures.lww.com/lnp/view.do?pld=1582991&amp;s=c</a>
13. Fire Prevention	1. <b>Watch You Tube</b> video “Operating room safety: Fires in the OR” <a href="https://www.youtube.com/watch?v=Lir6RpPo41E">https://www.youtube.com/watch?v=Lir6RpPo41E</a>
	2. <b>Provide</b> copy of policy “Fire in the operating room plan”
	3. <b>Activity/Skills lab - Lippincott Procedures</b> – “Fire prevention, OR” Retrieved from <a href="http://procedures.lww.com/lnp/view.do?pld=1406189&amp;s=c">http://procedures.lww.com/lnp/view.do?pld=1406189&amp;s=c</a>
Laser Safety (for staff assigned to lasers)	1. Review Policy “Laser Standard Operating Procedure for all”
	2. Review Lippincott Procedures “Laser Therapy”
	3. Review & Discuss “Check Laser Safety Precautions Taken in Room” handout
	4. Review “Laser Competency Verification Documentation”
	5. Review, Complete, & Pass “Laser Safety Competency”
	6. <b>Lippincott Procedures</b> – “Laser therapy, assisting” Retrieved from <a href="http://procedures.lww.com/lnp/view.do?pld=1406540&amp;s=q">http://procedures.lww.com/lnp/view.do?pld=1406540&amp;s=q</a>
14. Malignant Hyperthermia	1) <b>Watch You Tube video</b> “Malignant Hyperthermia: Intraoperative video – case report” <a href="https://www.youtube.com/watch?v=Q0FighAlizQ">https://www.youtube.com/watch?v=Q0FighAlizQ</a>
	2) <b>Review AORN</b> (2015) Malignant Hyperthermia Guidelines
	3) <b>Provide</b> copy of “Malignant Hyperthermia” power point
	4) <b>Lippincott Procedures - Activity/Skills Lab</b> – “Malignant hyperthermia patient care, OR” Retrieved from

	<a href="http://procedures.lww.com/lnp/view.do?pld=1406242&amp;s=c">http://procedures.lww.com/lnp/view.do?pld=1406242&amp;s=c</a>
15. Positioning the Patient	1) <b>Provide copy &amp; Review</b> Policy "Positioning of patients guidelines"
	2) <b>Watch video</b> "Patient Positioning" <a href="http://youtu.be/LskwFQ19-5k">http://youtu.be/LskwFQ19-5k</a>
	3) <b>Provide &amp; review</b> – "orientation positioning in the OR"
	4) <b>Activity/Skills lab</b> – "-orientation- Patient Positioning"
	5) <b>Lippincott Procedures</b> – "Positioning guidelines, OR" Retrieved from <a href="http://procedures.lww.com/lnp/view.do?pld=1406317&amp;s=c">http://procedures.lww.com/lnp/view.do?pld=1406317&amp;s=c</a>
	6) <b>Additional resources</b> – Lippincott Procedures – "Transferring to and from the OR table" Retrieved from <a href="http://procedures.lww.com/lnp/view.do?pld=1406399&amp;s=c">http://procedures.lww.com/lnp/view.do?pld=1406399&amp;s=c</a>
16. Skin Prep	1) <b>Provide copy &amp; Review</b> – "skin prep"
	2)
17. Documentation	1) <b>Provide copy &amp; review</b> – "Documentation: operating room record (Electronic). Retrieved from
	2) <b>Provide copy &amp; review</b> – "Documentation: operating room record (paper).
	3) <b>Lippincott Procedures /Activity/Skills Lab</b> – "SBAR communication" Retrieved from <a href="http://procedures.lww.com/lnp/view.do?pld=2494997&amp;s=c">http://procedures.lww.com/lnp/view.do?pld=2494997&amp;s=c</a>
	4) <b>Lippincott Procedures/Activity/Skills Lab</b> – "Documentation" Retrieved from <a href="http://procedures.lww.com/lnp/view.do?pld=1406806&amp;s=c">http://procedures.lww.com/lnp/view.do?pld=1406806&amp;s=c</a>
18. Specimens	1) <b>Review AORN</b> (2015) Guidelines for Specimen Management – Retrieved from <a href="http://www.aornstandards.org/content/1/SEC22.body">http://www.aornstandards.org/content/1/SEC22.body</a>
	2) <b>Review</b> (2015) policy – "Specimens: Preparation, care, and handling".pdf

(AORN, 2015)

(Johnstone, 2015)



## Appendix D: RN Competency Verification Documentation

<p><i>Domain #1- Patient Safety - the patient has the right to receive the highest quality of perioperative nursing care in every surgical and invasive procedure setting (AORN 2011, Position Statement: Patient Safety).</i></p>
<p><b>Competency Statement:</b></p> <p>Applies the use of the nursing process to develop an individualized plan of care, to coordinate &amp; deliver care, identify needs, implement nursing interventions and activities to achieve optimal patient outcomes (AORN, 2015)</p> <p><b>Outcome Statement:</b></p> <p>The patient will have an individualized plan of care to attain expected outcomes based on assessment and data collection.</p>
<p><input checked="" type="checkbox"/> <b>ASSESSMENT:</b> <i>The perioperative RN assesses, collects, and reviews, all pertinent patient data in the chart PRIOR to entrance into the OR</i></p>
<p>Preadmission assessment</p>
<p>Check electronic health record (Soarian) (if able to time-wise for inpatients)</p>
<p>Paper chart</p>
<p>Lab results</p> <ul style="list-style-type: none"> <li>▪ BMP</li> <li>▪ Hgb &amp; Hct</li> <li>▪ Hcg – pregnancy test (females age 12-55 yrs)</li> <li>▪ Type &amp; Screen/Cross or blood product</li> <li>▪ Any other lab not listed</li> </ul>
<p>History &amp; Physical</p> <ul style="list-style-type: none"> <li>▪ H &amp; P will be updated within 24 hours for an outpatient or am admit,</li> <li>▪ Inpatient - a progress note updating the admission H &amp; P timed within 24 hours</li> </ul>
<p>If implants, devices, and/or special equipment are <b>NOT</b> available the patient - <b>WILL NOT BE ALLOWED</b> entrance into the OR</p>

<p>Labeled diagnostic and radiology test results displayed (on monitors if necessary)</p> <ul style="list-style-type: none"> <li>• Biopsy reports</li> <li>• Consults</li> <li>• Pathology</li> <li>• Radiology</li> </ul>
<p>Verifies surgeon is present in the hospital for procedure <b>PRIOR</b> to induction of anesthesia</p>
<p><input checked="" type="checkbox"/> Confirms consent(s) signed for surgery</p>
<ul style="list-style-type: none"> <li>▪ Informed consent</li> <li>▪ Anesthesia consent</li> <li>▪ Blood consent</li> <li>▪ Inability to consent (IF NEEDED)</li> <li>▪ Lewis Blackman consent</li> <li>▪ Treatment consent</li> </ul>
<ul style="list-style-type: none"> <li>▪ Consent may be waived in extreme cases (cases that are essential to life and death) in which case the surgeon and consultant must certify in writing</li> </ul>
<p><input checked="" type="checkbox"/> <b><i>DEVELOPS &amp; PLANS: an individualized plan of care related to planned surgical procedure based on the patient's age, behavioral, cultural, and physical outcomes</i></b></p>

<ul style="list-style-type: none"><li>▪ Age specific care to promote optimum patient outcomes</li><li>▪ Population specific care<ul style="list-style-type: none"><li>• Assess age appropriate data, interpret appropriate information</li><li>• Applies knowledge of diverse population needs to maintenance of body temperature</li><li>• Assesses the need for patient/ parent education as necessary, completes education, and documents.</li><li>• Define special needs and behaviors of specific patient age groups</li><li>• Discusses age and population appropriate care based on current literature and clinical experience</li><li>• Identify key age-specific competencies in each life stage</li><li>• Plans for appropriate population care by selecting supplies and equipment appropriate to the size of the patient</li><li>• Provides age and population specific needs for all patient populations</li></ul><p>including pediatric, adolescent, adult, geriatric, obese, and latex sensitive population</p><ul style="list-style-type: none"><li><input type="checkbox"/> Birth to 11 months (neonates/infants)</li><li><input type="checkbox"/> 12 to 26 months (toddlers)</li><li><input type="checkbox"/> 3 to 6 years (pre-school)</li><li><input type="checkbox"/> 6 to 12 years (school age)</li><li><input type="checkbox"/> 12 to 18 years (adolescent years)</li><li><input type="checkbox"/> 18 to 35 years (young adults)</li><li><input type="checkbox"/> 35 to 65 years (mid-life)</li><li><input type="checkbox"/> 65 years and older (older adulthood)</li></ul></li></ul>
<ul style="list-style-type: none"><li>▪ Behavioral needs<ul style="list-style-type: none"><li><input type="checkbox"/> Assess mental health needs</li><li><input type="checkbox"/> Provides emotional support</li><li><input type="checkbox"/> Identifies spiritual needs or support</li></ul></li></ul>

<ul style="list-style-type: none"> <li>▪ Provides cultural competent care that demonstrates respect and is responsive to the needs of diverse patient populations for <ul style="list-style-type: none"> <li><input type="checkbox"/> Aware of and sensitive to cultural differences</li> <li><input type="checkbox"/> Communicates respectfully to diverse patients</li> <li><input type="checkbox"/> Sensitive to cultural differences</li> <li><input type="checkbox"/> Respects diverse lifestyles</li> <li><input type="checkbox"/> Provides interpreter services for diverse languages for improved health information</li> <li><input type="checkbox"/> Provides hearing impaired – sign language</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>▪ Identifies physical needs</li> <li>▪ Provides support for physical disabilities</li> </ul>
<input checked="" type="checkbox"/> <b>IMPLEMENTS</b> <i>nursing interventions and nursing actions safely and effectively related to positioning</i>
<ul style="list-style-type: none"> <li>▪ Assists in positioning</li> <li>▪ Facilitates the surgical procedure</li> <li>▪ Facilitates patient safety at all times</li> <li>▪ Observes and enforces strict standards of asepsis</li> <li>▪ Provides instruments, supplies, and equipment</li> <li>▪ Responds to comfort needs</li> <li>▪ Satisfactory physiologic response to anesthesia and surgical intervention</li> </ul>
<input checked="" type="checkbox"/> <b>EVALUATES</b> <i>and monitors the patient's progress and effectiveness of nursing interventions towards achieving identified outcomes</i>
<ul style="list-style-type: none"> <li>▪ Documents the patient's progress</li> </ul>
<ul style="list-style-type: none"> <li>▪ Revises plan of care based on ongoing assessment and evaluation <ul style="list-style-type: none"> <li><input type="checkbox"/> For example – laparoscopic case converts to an open abdominal case</li> </ul> </li> </ul>
<b>VERBALIZES</b> <i>knowledge and demonstrates appropriate techniques for admission of patient to the OR (per policy &amp; AORN)</i>
<input checked="" type="checkbox"/> Identifies and verifies patient identification by two patient identifiers – Using Active communication
<ul style="list-style-type: none"> <li>▪ Name</li> </ul>
<ul style="list-style-type: none"> <li>▪ Date of birth</li> <li>▪ Patient Name Band</li> </ul>

<ul style="list-style-type: none"> <li>▪ Any discrepancies MUST be corrected PRIOR to surgery</li> <li>▪ IMPROPER identification will NOT be admitted to the OR (: Policy – Admission to the OR, 2015)</li> </ul>
<input checked="" type="checkbox"/> Confirmation of the surgical site (per Universal Protocol Policy)
<ul style="list-style-type: none"> <li>▪ Surgical site by patient</li> <li>▪ Surgical site marking by surgeon</li> </ul>
<input checked="" type="checkbox"/> Verifies & documents last time patient ate or drank
<input checked="" type="checkbox"/> Verifies & documents allergies to latex, food, and medications
<p><b>Competency Statement: Universal Protocol Procedure:</b>          Applies knowledge of National Patient Safety Goal (NPSG) &amp; Universal Protocol for Surgical and Non-surgical Invasive Procedures to prevent wrong patient, wrong site, wrong procedure surgery (The Joint Commission, 2015)  <b>Outcome Statement:</b> The patient will have the correct procedure to attain outcomes based on planned surgical procedure and implementing the universal protocol per the Joint Commission.</p>
<input checked="" type="checkbox"/> Verifies correct person, correct surgical site, and correct procedure
<input checked="" type="checkbox"/> Participates in “ <b>PROCEDURAL BRIEFING</b> ” during anesthesia induction
<input checked="" type="checkbox"/> Conducts or initiates, and/or participates in, “Time Out” <b>PRIOR</b> to surgical incision per GHS Manual of Policy Directives “Universal Protocol”
<input checked="" type="checkbox"/> Conducts, participates, and documents the “ <b>DEBRIEFING</b> ” at end of case
<p><b>BLOOD ADMINISTRATION &amp; SAFETY : Accurate patient identification and verification – patient’s name, SS#, medical record #, Typenex bracelet, Blood type, and RN, unit #, and Expiration date</b></p>
<input checked="" type="checkbox"/> Verifies that blood consent (refusal for blood consent) MUST be on the chart <b>PRIOR</b> to starting a blood transfusion
<input checked="" type="checkbox"/> Verifies pertinent patient information with anesthesia (CRNA or MDA) care provider
<input checked="" type="checkbox"/> Identifies location of two blood refrigerators in C Core
<input checked="" type="checkbox"/> Completes <b>EMERGENCY RELEASE FORM</b> per policy
<input checked="" type="checkbox"/> Differentiates trauma blood ( <b>UNCROSS MATCHED</b> blood) from type ( <b>CROSS MATCHED</b> blood) specific blood
<input checked="" type="checkbox"/> Removes blood from the blood refrigerator by contacting the blood bank via phone to unlock the blood refrigerator. Identify yourself & provide the patient’s name or trauma #, medical record #, and blood bank bracelet # . Identify the blood units removed.
<input checked="" type="checkbox"/> <b>ELECTROSURGERY SAFETY: Uses practices to prevent patient injury related to electrosurgery</b>
<input checked="" type="checkbox"/> Assess and document the patient’s skin condition before and after ESU use
<input checked="" type="checkbox"/> Place the dispersive electrode (grounding pad)

<ul style="list-style-type: none"> <li>• Clean dry skin</li> <li>• Large well perfused muscle mass on the surgical side</li> <li>• Close to the surgical site if possible</li> <li>• Removes hair using clippers</li> </ul>
<input checked="" type="checkbox"/> Does <b>NOT</b> place dispersive electrode (grounding pad)
<ul style="list-style-type: none"> <li>• Areas distal to tourniquets</li> <li>• Bony prominences</li> <li>• Metal prosthesis</li> <li>• Potential pressure points</li> <li>• Scar tissue</li> <li>• Tattoos</li> <li>• Weight bearing surfaces</li> </ul>
<input checked="" type="checkbox"/> Avoids contact with metal devices
<ul style="list-style-type: none"> <li>• Removes all jewelry from patient including but not limited to:</li> <li>• Body piercings</li> <li>• Earrings</li> <li>• Hair extensions</li> <li>• Needle electrodes</li> <li>• Rings</li> <li>• Monitoring leads</li> </ul>
<input checked="" type="checkbox"/> Uses a new single-use dispersive electrode if the dispersive electrode is repositioned
<input checked="" type="checkbox"/> Use an appropriately sized dispersive electrode for the patient
<ul style="list-style-type: none"> <li>• Adult</li> <li>• Infant/Pediatric</li> <li>• DO NOT cut dispersive electrode (grounding pad)</li> </ul>
<input checked="" type="checkbox"/> Confirms electronic devices to include but not limited to: <ul style="list-style-type: none"> <li>• Implanted cardioverter defibrillators (ICDs)</li> <li>• Implanted electronic devices (IEDs)</li> </ul>

<ul style="list-style-type: none"> <li>• Implanted hearing devices</li> <li>• Implanted infusion pumps</li> <li>• Neurostimulators</li> <li>• Osteogenic Stimulators</li> <li>• Pacemakers</li> </ul>
<b>HAVE MAGNET IN ROOM – DECREASE USE OF ESU</b>
<b>PLACE DISPERSIVE OR GROUNDING PAD AS FAR FROM THE IMPLANTED ELECTRONIC DEVICE AS POSSIBLE</b>
<input checked="" type="checkbox"/> Identifies different modes for ESU
<ul style="list-style-type: none"> <li>• Monopolar (needs dispersive electrode or grounding pad)</li> <li>• Bipolar (does NOT need dispersive electrode or grounding pad)</li> <li>• Argon (needs dispersive electrode or grounding pad)</li> </ul>
<input checked="" type="checkbox"/> Prevents flammable prep solution from pooling under patient <ul style="list-style-type: none"> <li>• Potential for chemical skin burns and fire hazards</li> </ul>
<input checked="" type="checkbox"/> <b>Places towels as barrier to protect sheets, padding, dispersive electrode (grounding pad), tourniquet</b>
<input checked="" type="checkbox"/> Observes the sterile field to assure holstering bovie pencil when not in use
<input checked="" type="checkbox"/> Does NOT leave ESU handpiece on drapes – to prevent hole in drapes)
<input checked="" type="checkbox"/> Observes the sterile field to assure holstering bovie pencil when not in use (Does NOT leave ESU handpiece on drapes – to prevent hole in drapes)
<b>MEDICATION SAFETY: Administers medication safely and correctly according to Medication policy</b>
<input checked="" type="checkbox"/> Access and location into the (Omnice) medication administration system
<input checked="" type="checkbox"/> Verifies patient allergies <b>BEFORE</b> medication administration
<input checked="" type="checkbox"/> Documents medication on the OR intraoperative record <ul style="list-style-type: none"> <li>▪ Documents lot Numbers of Irrigations</li> </ul>
<input checked="" type="checkbox"/> Presents medications and solutions to the sterile field <b>ASEPTICALLY</b> identifying name of medication, strength, dose, and expiration date
<input checked="" type="checkbox"/> Visualizes the sterile field and assures that all medication containers and syringes are <b>LABELED</b>
<input checked="" type="checkbox"/> Lists the 5 Rights of Patient Medication Administration
<b>LASER SAFETY: Adheres to laser safety precautions</b>
<input checked="" type="checkbox"/> Practices laser safety precautions <ul style="list-style-type: none"> <li>▪ Wears laser designated eyewear</li> </ul>

<ul style="list-style-type: none"> <li>▪ Posts laser designated signs on OR doors</li> </ul>
<ul style="list-style-type: none"> <li>▪ Removes flammable liquids from laser areas</li> </ul>
<ul style="list-style-type: none"> <li>▪ Reviews OR policy “Laser: Standard Operating Procedure for all”</li> </ul>
<ul style="list-style-type: none"> <li>▪ Reviews Laser safety guidelines</li> </ul>
<input checked="" type="checkbox"/> Patients’ eyes and eyelids will be protected from the laser beam
<ul style="list-style-type: none"> <li>▪ Applies laser designated eyewear (goggles, eye shields)</li> </ul>
<ul style="list-style-type: none"> <li>▪ Applies wet eye pads</li> </ul>
<ul style="list-style-type: none"> <li>▪ Applies metal corneal eye shields (when laser treatment around eyelids)</li> </ul>
<b>MALIGNANT HYPERTHERMIA (MH) : Assess, Identifies, &amp; Treats S &amp; S of MH</b>
<ul style="list-style-type: none"> <li>▪ Locates Malignant Hyperthermia cart (near Inpt PACU)</li> </ul>
<ul style="list-style-type: none"> <li>▪ Recognizes symptoms of MH <ul style="list-style-type: none"> <li>• Increase endotracheal tube carbon dioxide (ETCO<sub>2</sub>) levels</li> <li>• Tachycardia (fast heart rate)</li> <li>• Acidosis</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>▪ Identifies drug of choice and dosage (Dantrolene – Mix with Sterile WATER for IV infusion 2.5 mg/kg of body weight)</li> </ul>
<ul style="list-style-type: none"> <li>▪ Iced IV saline (in C Core Refrigerator)</li> </ul>
<ul style="list-style-type: none"> <li>▪ Ice bags (place ice in plastic ziplock bags)</li> </ul>
<ul style="list-style-type: none"> <li>▪ Crash cart</li> </ul>
<b>PREVENTION OF RETAINED SURGICAL ITEMS – Sponges, sharp, &amp; Instruments:</b> <i>Performs sharps, sponges, and instrument counts (Centers for Medicare &amp; Medicaid (CMS) Sentinel/Never event)</i>
<input checked="" type="checkbox"/> Reviews and adheres to policy for sponge, sharp, and instrument count
<input checked="" type="checkbox"/> Notifies surgeon, resident, fellow, PA of incorrect count
<input checked="" type="checkbox"/> Initiates corrective actions when counts are incorrect (obtains X-ray per Policy)
<ul style="list-style-type: none"> <li>▪ <b>If count below or above – it is INCORRECT – obtain x-ray</b></li> </ul>
<input checked="" type="checkbox"/> Document result of X-ray per radiologist or surgeon in the intraoperative record
<b>Domain #2: Physiologic Response- patient’s physiologic responses to operative and other invasive procedures</b>



<p><b>Competency Statement:</b> The patient's physiological, cognitive, special communication, cultural, psychosocial, and spiritual needs of the patient will be met.</p> <p><b>Outcome Statement:</b> The patient's physical needs will be attained by providing patient-centered care</p>
<b>POSITIONING: Utilizes knowledge and safe practices in patient positioning and transfer</b>
<input checked="" type="checkbox"/> Centers the patient on the OR table Use proper body mechanics in patient transfer
<input checked="" type="checkbox"/> Communicates and documents risk factors related to positioning
<input checked="" type="checkbox"/> Demonstrates knowledge of OR table
<input checked="" type="checkbox"/> Prepares the OR table
<input checked="" type="checkbox"/> Selects the appropriate supplies and equipment based on the patient's identified needs
<ul style="list-style-type: none"> <li>▪ Pads bony prominences (elbow pads, gel pads, pillows, blankets)</li> </ul>
<input checked="" type="checkbox"/> Uses positioning devices according to the established practice recommendations and the manufacturer's recommendations
<input checked="" type="checkbox"/> Moves the anesthetized patient
<input checked="" type="checkbox"/> Places the patient's arms on arm boards
<input checked="" type="checkbox"/> Properly positions patient in the following positions
<ul style="list-style-type: none"> <li>▪ Jackknife position</li> <li>▪ Lateral position</li> <li>▪ Lithotomy position</li> <li>▪ Reverse Trendelenberg position</li> <li>▪ Prone position</li> <li>▪ Sitting position</li> <li>▪ Supine position</li> <li>▪ Trendelenberg position</li> <li>▪ Fracture table</li> <li>▪ OSI vascular surgery table</li> </ul>
<input checked="" type="checkbox"/> Applies OR safety belt
<input checked="" type="checkbox"/> Rechecks pressure points and extremities after any position change
<b>POTENTIAL FOR RESPIRATORY INSTABILITY</b>
<input checked="" type="checkbox"/> Assist with and support patient

<ul style="list-style-type: none"> <li>▪ During induction of general anesthesia</li> <li>▪ Keep noise at a minimum</li> <li>▪ Be prepared to hand endotracheal tube to CRNA or MDA</li> <li>▪ Be prepared to hand suction</li> <li>▪ Be prepared to hand oxygen</li> <li>▪ Familiar with and provide Cricoid pressure (closes off the esophagus to allow visualization of the vocal cords)</li> </ul>
<ul style="list-style-type: none"> <li>▪ Difficult airway cart</li> <li>▪ Glidescope</li> <li>▪ Trach tray with assorted size trach tubes</li> <li>▪ During extubation or removal of endotracheal tube</li> <li>▪ Be prepared to hand suction</li> <li>▪ Be prepared to hand oxygen via nasal cannula, face mask</li> </ul>
<ul style="list-style-type: none"> <li>▪ Protect patient and personnel from high doses of radiation</li> <li>▪ Lead shielding for patient and personnel</li> <li>▪ Eye Protection</li> <li>▪ Wears doximeter (X-ray badge)</li> <li>▪ Protect from high doses of radiation</li> </ul>
<p><b>SPECIMEN HANDLING:</b> <i>Prepares and properly handles specimens</i></p>
<input checked="" type="checkbox"/> Reviews the “Specimens: Preparation, Care, and Handling Policy”
<input checked="" type="checkbox"/> Collects specimen in appropriate container
<ul style="list-style-type: none"> <li>▪ Sterile</li> <li>▪ unsterile</li> <li>▪ biohazard bag (small &amp; large)</li> <li>▪ Assorted size containers</li> </ul>
<input checked="" type="checkbox"/> Accurate patient identity, verifies patient name and DOB with scrub person (CST or RN) when collecting specimen
<input checked="" type="checkbox"/> Accurately labels specimens using employee #'s of both RN & CST per policy
<input checked="" type="checkbox"/> Fills out appropriate laboratory or pathology sheet correctly
<ul style="list-style-type: none"> <li>▪ Pathology form</li> </ul>

<ul style="list-style-type: none"> <li>▪ Microbiology form</li> <li>▪ Cytology form</li> <li>▪ Any other form not listed</li> </ul>
<input checked="" type="checkbox"/> Knowledge of specimen fixative to be used
<ul style="list-style-type: none"> <li>▪ Formalin</li> <li>▪ Fresh state</li> <li>▪ Frozen</li> <li>▪ Routine or permanent</li> </ul>
<input checked="" type="checkbox"/> Completes miscellaneous forms for chain of custody form (e.g. bullets, amputations, and transfer log)
<b>SMOKE EVACUATION:</b>
<input checked="" type="checkbox"/> Demonstrates knowledge of the importance of smoke evacuation
<b>TOURNIQUETS :</b>
<input checked="" type="checkbox"/> <b>Develop and confirm plan of care related to the use of tourniquet</b>
<ul style="list-style-type: none"> <li>▪ Assess size and shape of extremity</li> </ul>
<ul style="list-style-type: none"> <li>▪ Applies appropriate size tourniquet cuff</li> </ul>
<ul style="list-style-type: none"> <li>▪ Check peripheral pulses distal to the cuff</li> </ul>
<input checked="" type="checkbox"/> Documents use of tourniquet
<ul style="list-style-type: none"> <li>▪ Skin Integrity</li> <li>▪ Inflation</li> <li>▪ Deflation</li> <li>▪ Serial #</li> <li>▪ Time of duration</li> <li>▪ Pressure</li> </ul>
<ul style="list-style-type: none"> <li>▪ Planned location of the tourniquet</li> </ul>
<ul style="list-style-type: none"> <li>▪ Reviews GHS policy and guidelines relating to use of tourniquet</li> </ul>
<b>Domain #3: Patient and Designated support person behavioral responses to operative and other invasive procedures (AORN, 2015)</b>
<b>Competency Statement:</b> The patient's behavioral needs of the patient will be met during the intraoperative phase of surgery.
<b>Outcome Statement:</b> The patient's behavioral needs will be attained by providing patient-centered care

<ul style="list-style-type: none"> <li>▪ Acts as primary patient advocate due to</li> <li>▪ Are sedated and anesthetized</li> <li>▪ Powerless to make decisions</li> </ul>
<ul style="list-style-type: none"> <li>▪ Anticipates the needs of the patient</li> <li>▪ Carries out the wishes of the patient/family</li> <li>▪ Directs nursing interventions toward prevention of infection and injury</li> <li>▪ Initiates a Safe and caring environment</li> <li>▪ Promotes infection prevention</li> <li>▪ Potential for and prevention of patient injury</li> <li>▪ Standing up and doing the right thing for our patients even if it is difficult</li> </ul>
<input checked="" type="checkbox"/> <b>ADVANCE DIRECTIVES</b>
<ul style="list-style-type: none"> <li>▪ Identifies location in chart to check for advance directives or code status</li> </ul>
<input checked="" type="checkbox"/> <b>DOCUMENTATION</b>
<ul style="list-style-type: none"> <li>▪ Documents nursing actions and assessments according to policy and AORN (2015) Guidelines for Perioperative Nursing Practice using paper and/or electronic documentation</li> </ul>
<input checked="" type="checkbox"/> Bair Hugger/Kimberly Clark warming system <input checked="" type="checkbox"/> Wall suction <input checked="" type="checkbox"/> Electro Surgery Unit (ESU) <input checked="" type="checkbox"/> Harmonic Scalpel <input checked="" type="checkbox"/> Gyrus GYN <input checked="" type="checkbox"/> Laparoscopic monitors/towers/suction irrigators <input checked="" type="checkbox"/> Light sources <input checked="" type="checkbox"/> Pneumatic Tourniquet <input checked="" type="checkbox"/> Smoke Evacuator <input checked="" type="checkbox"/> To include other equipment not listed
<input checked="" type="checkbox"/> Operate equipment according to manufacturers and policies
<input checked="" type="checkbox"/> Checks equipment prior to use
<input checked="" type="checkbox"/> When equipment is NOT working:
<ul style="list-style-type: none"> <li>▪ Removes faulty equipment out of use immediately</li> </ul>

<ul style="list-style-type: none"> <li>▪ Notifies Nursing Support Specialist</li> <li>▪ Notifies Clinical Engineering</li> <li>▪ Provides reason for dysfunction of equipment</li> </ul>
<input checked="" type="checkbox"/> Returns equipment to appropriate storage area
<b>INFECTION PREVENTION:</b> <i>Verbalizes and demonstrates Infection Prevention principles in the Perioperative setting and patient care</i>
<input checked="" type="checkbox"/> Practices proper hand hygiene before, during, and after patient contact
<input checked="" type="checkbox"/> Identifies location of Infection Prevention Manual
<input checked="" type="checkbox"/> Participates in pre-case cleaning, between case cleaning, and terminal cleaning of the OR
<input checked="" type="checkbox"/> Knowledge and adherence to Infection Prevention <ul style="list-style-type: none"> <li>▪ Droplet</li> <li>▪ Contact</li> <li>▪ Respiratory</li> </ul>
<input checked="" type="checkbox"/> Discusses OR cleaning principles for patients with infectious diseases <ul style="list-style-type: none"> <li>▪ C Diff</li> <li>▪ MRSA</li> <li>▪ VRE</li> </ul>
<input checked="" type="checkbox"/> Discusses environmental methods and practice methods to reduce surgical site infection
<input checked="" type="checkbox"/> Uses proper technique in opening and presenting sterile items <b>ASEPTICALLY</b> to sterile field
<b>SURGICAL ATTIRE:</b>
<input checked="" type="checkbox"/> Adheres to policy for dress code into the OR (jade green scrubs)
<input checked="" type="checkbox"/> Reviews the Policy “Dress Code Entrance into the OR”
<input checked="" type="checkbox"/> <b>NO ARTIFICIAL NAILS or GEL NAILS (per policy)</b>
<b>SPECIMEN HANDLING:</b>
Prepares and properly handles specimens
<input checked="" type="checkbox"/> Reviews the “Specimens: Preparation, Care, and Handling Policy”
<input checked="" type="checkbox"/> Collects specimen in appropriate container <ul style="list-style-type: none"> <li>▪ Assorted size container</li> </ul>

<ul style="list-style-type: none"> <li>▪ Biohazard bags (small &amp; large)</li> <li>▪ Sterile</li> <li>▪ Unsterile</li> </ul>
<input checked="" type="checkbox"/> Accurate patient identity, verifies patient name and DOB with scrub person (CST or RN) when collecting specimen
<input checked="" type="checkbox"/> Accurately labels specimens using employee #'s of both RN & CST per policy
<input checked="" type="checkbox"/> Fills out appropriate laboratory or pathology sheet correctly
<ul style="list-style-type: none"> <li>▪ Pathology form</li> <li>▪ Microbiology form</li> <li>▪ Cytology form</li> <li>▪ Any other form not listed</li> </ul>
<input checked="" type="checkbox"/> Knowledge of specimen fixative to be used
<ul style="list-style-type: none"> <li>▪ Formalin</li> <li>▪ Fresh state</li> <li>▪ Frozen</li> <li>▪ Routine or permanent</li> </ul>
<input checked="" type="checkbox"/> Completes miscellaneous forms for chain of custody form (e.g. bullets, amputations, and transfer log)
<input checked="" type="checkbox"/> Identifies and uses appropriate prep solution
<input checked="" type="checkbox"/> Prevents pooling of solution – <b>places towels as barriers to collect excess fluid</b>
<input checked="" type="checkbox"/> Washes skin and inspect skin integrity postoperatively
<input checked="" type="checkbox"/> Applies safety principles when using flammable prep agents
<input checked="" type="checkbox"/> Adheres to DRYING time of Prep agents (3 minutes – Chloraprep & Duraprep)
<b><i>Tissue Issues: Allograft Tissue, Autologous Tissue, Human Tissue (Bone, Skin, Vein)</i></b>
<input checked="" type="checkbox"/> Locates tissue stored in Bone Freezer, Refrigerator, or on shelf
<input checked="" type="checkbox"/> Knowledgeable about Tissue Tracking
<ul style="list-style-type: none"> <li>▪ Logged in by implant coordinator</li> <li>▪ Type of tissue, manufacturer #, serial #, lot #, &amp; expiration date</li> </ul>
<input checked="" type="checkbox"/> Documents tissue removal from Optiflex cabinets or other storage (e.g. tissue or autologous refrigerator)
<input checked="" type="checkbox"/> Accurately documents tissue in the intraoperative record

<b>Respects patient's and family's rights</b>	
<input checked="" type="checkbox"/>	Adheres to HIPPA guidelines to meet patient's rights regarding protected information.
<input checked="" type="checkbox"/>	Maintains patient confidentiality
<input checked="" type="checkbox"/>	Provides for patient privacy in prepping and draping in OR
<input checked="" type="checkbox"/>	Plans care for patients with diverse ethical and spiritual beliefs
<input checked="" type="checkbox"/>	Communicates patient's condition to family at intervals
<input checked="" type="checkbox"/>	Applies HIPPA guidelines to patient information during care
<input checked="" type="checkbox"/>	Discusses corporate compliance issues related to patient charging including cancelled cases and dropped supplies.
<b>Wound Management</b>	
<input checked="" type="checkbox"/>	Documents wound assessment on intraoperative nursing record
<input checked="" type="checkbox"/>	Identifies various types of dressing for surgical wounds including wound vac (various sizes - abdominal, small, medium, & large)
<input checked="" type="checkbox"/>	Identifies proper surgical wound classification
	<ul style="list-style-type: none"> <li>▪ Clean</li> <li>▪ Clean-Contaminated</li> <li>▪ Contaminated</li> <li>▪ Dirty</li> </ul>
<b>Domain #4- Health System – designates administrative concerns and structure elements essential to successful perioperative outcomes (AORN, 2015)</b>	
<b>Outcome Statement:</b> Applies the mission, vision, and values, and performance improvement initiatives of the in the delivery of patient care.	
<input checked="" type="checkbox"/>	Discuss how the <i>System</i> mission, vision, and values impact patient care delivery
<input checked="" type="checkbox"/>	Displays actions to improve customer satisfaction
	<ul style="list-style-type: none"> <li>▪ Patient</li> <li>▪ Patient's family</li> <li>▪ Surgeon</li> </ul>
<input checked="" type="checkbox"/>	Identify current Performance Improvement initiatives of the OR
<input checked="" type="checkbox"/>	Participate in Performance Improvement data gathering.
<b>BASIC LIFE SUPPORT/EMERGENCY CODE RESPONSE</b>	
*Discusses nursing actions related to OR emergency procedures and appropriate personnel to call:	

<input checked="" type="checkbox"/> Anesthesia STAT to OR# <input checked="" type="checkbox"/> Each members role for CPR in the OR <input checked="" type="checkbox"/> Surgeons and Anesthesiologists list of telephone numbers <input checked="" type="checkbox"/> Participates in a mock code during orientation
<b>DEMONSTRATES PROFESSIONAL ACCOUNTABILITY</b>
<input checked="" type="checkbox"/> Attends hospital sponsored continuing education sessions
<input checked="" type="checkbox"/> Communicates effectively with OR team members
<input checked="" type="checkbox"/> Demonstrates tact and understanding when dealing with patients, team members, other disciplines, and the public
<input checked="" type="checkbox"/> Exercises safe judgment in decision-making
<input checked="" type="checkbox"/> Functions as a member of the Perioperative team
<input checked="" type="checkbox"/> Identify strengths and learning needs during the orientation period
<input checked="" type="checkbox"/> Responds in a positive manner to verbal criticism
<input checked="" type="checkbox"/> Practices within ethical and legal guidelines
<b>Functions in the role of the Circulating RN at the novice level with <i>some assistance</i> from the RN Clinical Advisor.</b>
<input checked="" type="checkbox"/> Applies prior knowledge and uses past clinical experiences to think critically while delivering patient care in the Operating Room
<input checked="" type="checkbox"/> Continues to develop prioritization and organization skills before and during the cases.
<input checked="" type="checkbox"/> Consults appropriate resources for information e
<ul style="list-style-type: none"> <li>▪ Charge Nurse</li> <li>▪ Clinical Advisor</li> <li>▪ Clinical Nurse Educator</li> <li>▪ Core Coordinator</li> <li>▪ Nursing Supervisor</li> </ul>
<input checked="" type="checkbox"/> Demonstrates improved organization and prioritization skills while running the case
<input checked="" type="checkbox"/> Identifies learning needs and seeks opportunities to complete them
<input checked="" type="checkbox"/> Identifies self-limitations and asks questions
<input checked="" type="checkbox"/> Takes action to encourage independence from Clinical Advisor when necessary
<b><i>Functions independently</i> in the role of Circulating RN at the advanced beginner to competent level consulting Clinical Advisor when necessary</b>



<input checked="" type="checkbox"/> Demonstrates organizational and prioritization skills at the advanced beginner stage
<input checked="" type="checkbox"/> Takes action to encourage independence from Clinical Advisor when necessary
<input checked="" type="checkbox"/> Identifies limitations and consults appropriate resources
<b><i>Functions independently in the role of Circulating RN at the competent or proficient level consulting resources when necessary. (For experienced OR nurses)</i></b>
<b><i>Domain #1- Patient Safety - the patient has the right to receive the highest quality of perioperative nursing care in every surgical and invasive procedure setting (AORN 2011, Position Statement: Patient Safety).</i></b>
<b>Competency Statement:</b> Applies the use of the nursing process to develop an individualized plan of care, to coordinate & deliver care, identify needs, implement nursing interventions and activities to achieve optimal patient outcomes (AORN, 2015)
<b>Outcome Statement:</b> The patient will have an individualized plan of care to attain expected outcomes based on assessment and data collection.
<input checked="" type="checkbox"/> <b>ASSESSMENT: The perioperative RN assesses, collects, and reviews, all pertinent patient data in the chart PRIOR to entrance into the OR</b>
Preadmission assessment
Check electronic health record (Soarian) (if able to time-wise for inpatients)
Paper chart
Lab results
<ul style="list-style-type: none"> <li>▪ BMP</li> <li>▪ Hgb &amp; Hct</li> <li>▪ Hcg – pregnancy test (females age 12-55 yrs)</li> <li>▪ Type &amp; Screen/Cross or blood product</li> <li>▪ Any other lab not listed</li> </ul>
History & Physical
<ul style="list-style-type: none"> <li>▪ H &amp; P will be updated within 24 hours for an outpatient or am admit,</li> <li>▪ Inpatient - a progress note updating the admission H &amp; P timed within 24 hours</li> </ul>
If implants, devices, and/or special equipment are <b>NOT</b> available the patient - <b>WILL NOT BE ALLOWED</b> entrance into the OR
Labeled diagnostic and radiology test results displayed (on monitors if necessary)
<ul style="list-style-type: none"> <li>• Biopsy reports</li> <li>• Consults</li> <li>• Pathology</li> <li>• Radiology</li> </ul>
Verifies surgeon is present in the hospital for procedure <b>PRIOR</b> to induction of anesthesia
<input checked="" type="checkbox"/> Confirms consent(s) signed for surgery

<ul style="list-style-type: none"><li>▪ Informed consent</li><li>▪ Anesthesia consent</li><li>▪ Blood consent</li><li>▪ Inability to consent (IF NEEDED)</li><li>▪ Lewis Blackman consent</li><li>▪ Treatment consent</li></ul>
<ul style="list-style-type: none"><li>▪ Consent may be waived in extreme cases (cases that are essential to life and death) in which case the surgeon and consultant must certify in writing</li></ul>
<input checked="" type="checkbox"/> <b><i>DEVELOPS &amp; PLANS: an individualized plan of care related to planned surgical procedure based on the patient's age, behavioral, cultural, and physical outcomes</i></b>

<ul style="list-style-type: none"> <li>▪ Age specific care to promote optimum patient outcomes</li> <li>▪ Population specific care <ul style="list-style-type: none"> <li>• Assess age appropriate data, interpret appropriate information</li> <li>• Applies knowledge of diverse population needs to maintenance of body temperature</li> <li>• Assesses the need for patient/ parent education as necessary, completes education, and documents.</li> <li>• Define special needs and behaviors of specific patient age groups</li> <li>• Discusses age and population appropriate care based on current literature and clinical experience</li> <li>• Identify key age-specific competencies in each life stage</li> <li>• Plans for appropriate population care by selecting supplies and equipment appropriate to the size of the patient</li> <li>• Provides age and population specific needs for all patient populations</li> </ul> </li> </ul> <p>including pediatric, adolescent, adult, geriatric, obese, and latex sensitive population</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Birth to 11 months (neonates/infants)</li> <li><input type="checkbox"/> 12 to 26 months (toddlers)</li> <li><input type="checkbox"/> 3 to 6 years (pre-school)</li> <li><input type="checkbox"/> 6 to 12 years (school age)</li> <li><input type="checkbox"/> 12 to 18 years (adolescent years)</li> <li><input type="checkbox"/> 18 to 35 years (young adults)</li> <li><input type="checkbox"/> 35 to 65 years (mid-life)</li> <li><input type="checkbox"/> 65 years and older (older adulthood)</li> </ul>
<ul style="list-style-type: none"> <li>▪ Behavioral needs <ul style="list-style-type: none"> <li><input type="checkbox"/> Assess mental health needs</li> <li><input type="checkbox"/> Provides emotional support</li> <li><input type="checkbox"/> Identifies spiritual needs or support</li> </ul> </li> </ul>

<ul style="list-style-type: none"> <li>▪ Provides cultural competent care that demonstrates respect and is responsive to the needs of diverse patient populations for <ul style="list-style-type: none"> <li><input type="checkbox"/> Aware of and sensitive to cultural differences</li> <li><input type="checkbox"/> Communicates respectfully to diverse patients</li> <li><input type="checkbox"/> Sensitive to cultural differences</li> <li><input type="checkbox"/> Respects diverse lifestyles</li> <li><input type="checkbox"/> Provides interpreter services for diverse languages for improved health information</li> <li><input type="checkbox"/> Provides hearing impaired – sign language</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>▪ Identifies physical needs</li> <li>▪ Provides support for physical disabilities</li> </ul>
<input checked="" type="checkbox"/> <b>IMPLEMENTS</b> <i>nursing interventions and nursing actions safely and effectively related to positioning</i>
<ul style="list-style-type: none"> <li>▪ Assists in positioning</li> <li>▪ Facilitates the surgical procedure</li> <li>▪ Facilitates patient safety at all times</li> <li>▪ Observes and enforces strict standards of asepsis</li> <li>▪ Provides instruments, supplies, and equipment</li> <li>▪ Responds to comfort needs</li> <li>▪ Satisfactory physiologic response to anesthesia and surgical intervention</li> </ul>
<input checked="" type="checkbox"/> <b>EVALUATES</b> <i>and monitors the patient's progress and effectiveness of nursing interventions towards achieving identified outcomes</i>
<ul style="list-style-type: none"> <li>▪ Documents the patient's progress</li> </ul>
<ul style="list-style-type: none"> <li>▪ Revises plan of care based on ongoing assessment and evaluation <ul style="list-style-type: none"> <li><input type="checkbox"/> For example – laparoscopic case converts to an open abdominal case</li> </ul> </li> </ul>
<b>VERBALIZES</b> <i>knowledge and demonstrates appropriate techniques for admission of patient to the OR (per policy &amp; AORN)</i>
<input checked="" type="checkbox"/> Identifies and verifies patient identification by two patient identifiers – Using Active communication
<ul style="list-style-type: none"> <li>▪ Name</li> </ul>
<ul style="list-style-type: none"> <li>▪ Date of birth</li> <li>▪ Patient Name Band</li> </ul>

<ul style="list-style-type: none"> <li>▪ Any discrepancies MUST be corrected PRIOR to surgery</li> <li>▪ IMPROPER identification will NOT be admitted to the OR (Policy – Admission to the OR, 2015)</li> </ul>
<input checked="" type="checkbox"/> Confirmation of the surgical site (per Universal Protocol Policy)
<ul style="list-style-type: none"> <li>▪ Surgical site by patient</li> <li>▪ Surgical site marking by surgeon</li> </ul>
<input checked="" type="checkbox"/> Verifies & documents last time patient ate or drank
<input checked="" type="checkbox"/> Verifies & documents allergies to latex, food, and medications
<p><b>Competency Statement: Universal Protocol Procedure:</b>          Applies knowledge of National Patient Safety Goal (NPSG) &amp; Universal Protocol for Surgical and Non-surgical Invasive Procedures to prevent wrong patient, wrong site, wrong procedure surgery (The Joint Commission, 2015)</p> <p><b>Outcome Statement:</b> The patient will have the correct procedure to attain outcomes based on planned surgical procedure and implementing the universal protocol per the Joint Commission and GHS.</p>
<input checked="" type="checkbox"/> Verifies correct person, correct surgical site, and correct procedure
<input checked="" type="checkbox"/> Participates in “ <b>PROCEDURAL BRIEFING</b> ” during anesthesia induction
<input checked="" type="checkbox"/> Conducts or initiates, and/or participates in, “Time Out” <b>PRIOR</b> to surgical incision per GHS Manual of Policy Directives “Universal Protocol”
<input checked="" type="checkbox"/> Conducts, participates, and documents the “ <b>DEBRIEFING</b> ” at end of case
<p><b>BLOOD ADMINISTRATION &amp; SAFETY : Accurate patient identification and verification – patient’s name, SS#, medical record #, Typenex bracelet, Blood type, and RN, unit #, and Expiration date</b></p>
<input checked="" type="checkbox"/> Verifies that blood consent (refusal for blood consent) MUST be on the chart <b>PRIOR</b> to starting a blood transfusion
<input checked="" type="checkbox"/> Verifies pertinent patient information with anesthesia (CRNA or MDA) care provider
<input checked="" type="checkbox"/> Identifies location of two blood refrigerators in C Core
<input checked="" type="checkbox"/> Completes <b>EMERGENCY RELEASE FORM</b> per policy
<input checked="" type="checkbox"/> Differentiates trauma blood ( <b>UNCROSS MATCHED</b> blood) from type ( <b>CROSS MATCHED</b> blood) specific blood
<input checked="" type="checkbox"/> Removes blood from the blood refrigerator by contacting the blood bank via phone to unlock the blood refrigerator. Identify yourself & provide the patient’s name or trauma #, medical record #, and blood bank bracelet # . Identify the blood units removed.
<input checked="" type="checkbox"/> <b>ELECTROSURGERY SAFETY: Uses practices to prevent patient injury related to electrosurgery</b>
<input checked="" type="checkbox"/> Assess and document the patient’s skin condition before and after ESU use

<input checked="" type="checkbox"/> Place the dispersive electrode (grounding pad)
<ul style="list-style-type: none"> <li>• Clean dry skin</li> <li>• Large well perfused muscle mass on the surgical side</li> <li>• Close to the surgical site if possible</li> <li>• Removes hair using clippers</li> </ul>
<input checked="" type="checkbox"/> Does <b>NOT</b> place dispersive electrode (grounding pad)
<ul style="list-style-type: none"> <li>• Areas distal to tourniquets</li> <li>• Bony prominences</li> <li>• Metal prosthesis</li> <li>• Potential pressure points</li> <li>• Scar tissue</li> <li>• Tattoos</li> <li>• Weight bearing surfaces</li> </ul>
<input checked="" type="checkbox"/> Avoids contact with metal devices
<ul style="list-style-type: none"> <li>• Removes all jewelry from patient including but not limited to:</li> <li>• Body piercings</li> <li>• Earrings</li> <li>• Hair extensions</li> <li>• Needle electrodes</li> <li>• Rings</li> <li>• Monitoring leads</li> </ul>
<input checked="" type="checkbox"/> Uses a new single-use dispersive electrode if the dispersive electrode is repositioned
<input checked="" type="checkbox"/> Use an appropriately sized dispersive electrode for the patient
<ul style="list-style-type: none"> <li>• Adult</li> <li>• Infant/Pediatric</li> <li>• DO NOT cut dispersive electrode (grounding pad)</li> </ul>
<input checked="" type="checkbox"/> Confirms electronic devices to include but not limited to: <ul style="list-style-type: none"> <li>• Implanted cardioverter defibrillators (ICDs)</li> </ul>

<ul style="list-style-type: none"> <li>• Implanted electronic devices (IEDs)</li> <li>• Implanted hearing devices</li> <li>• Implanted infusion pumps</li> <li>• Neurostimulators</li> <li>• Osteogenic Stimulators</li> <li>• Pacemakers</li> </ul>
<b>HAVE MAGNET IN ROOM – DECREASE USE OF ESU</b>
<b>PLACE DISPERSIVE OR GROUNDING PAD AS FAR FROM THE IMPLANTED ELECTRONIC DEVICE AS POSSIBLE</b>
<input checked="" type="checkbox"/> Identifies different modes for ESU
<ul style="list-style-type: none"> <li>• Monopolar (needs dispersive electrode or grounding pad)</li> <li>• Bipolar (does NOT need dispersive electrode or grounding pad)</li> <li>• Argon (needs dispersive electrode or grounding pad)</li> </ul>
<input checked="" type="checkbox"/> Prevents flammable prep solution from pooling under patient <ul style="list-style-type: none"> <li>• Potential for chemical skin burns and fire hazards</li> </ul>
<input checked="" type="checkbox"/> <b>Places towels as barrier to protect sheets, padding, dispersive electrode (grounding pad), tourniquet</b>
<input checked="" type="checkbox"/> Observes the sterile field to assure holstering bovie pencil when not in use
<input checked="" type="checkbox"/> Does NOT leave ESU handpiece on drapes – to prevent hole in drapes)
<input checked="" type="checkbox"/> Observes the sterile field to assure holstering bovie pencil when not in use (Does NOT leave ESU handpiece on drapes – to prevent hole in drapes)
<b>MEDICATION SAFETY: Administers medication safely and correctly according to GHS Medication policy</b>
<input checked="" type="checkbox"/> Access and location into the (Omnicell) medication administration system
<input checked="" type="checkbox"/> Verifies patient allergies <b>BEFORE</b> medication administration
<input checked="" type="checkbox"/> Documents medication on the OR intraoperative record <ul style="list-style-type: none"> <li>▪ Documents lot Numbers of Irrigations</li> </ul>
<input checked="" type="checkbox"/> Presents medications and solutions to the sterile field <b>ASEPTICALLY</b> identifying name of medication, strength, dose, and expiration date
<input checked="" type="checkbox"/> Visualizes the sterile field and assures that all medication containers and syringes are <b>LABELED</b>
<input checked="" type="checkbox"/> Lists the 5 Rights of Patient Medication Administration
<b>LASER SAFETY: Adheres to laser safety precautions</b>
<input checked="" type="checkbox"/> Practices laser safety precautions

<ul style="list-style-type: none"> <li>▪ Wears laser designated eyewear</li> </ul>
<ul style="list-style-type: none"> <li>▪ Posts laser designated signs on OR doors</li> </ul>
<ul style="list-style-type: none"> <li>▪ Removes flammable liquids from laser areas</li> </ul>
<ul style="list-style-type: none"> <li>▪ Reviews OR policy “Laser: Standard Operating Procedure for all”</li> </ul>
<ul style="list-style-type: none"> <li>▪ Reviews Laser safety guidelines</li> </ul>
<input checked="" type="checkbox"/> Patients’ eyes and eyelids will be protected from the laser beam
<ul style="list-style-type: none"> <li>▪ Applies laser designated eyewear (goggles, eye shields)</li> </ul>
<ul style="list-style-type: none"> <li>▪ Applies wet eye pads</li> </ul>
<ul style="list-style-type: none"> <li>▪ Applies metal corneal eye shields (when laser treatment around eyelids)</li> </ul>
<b>MALIGNANT HYPERTHERMIA (MH) : Assess, Identifies, &amp; Treats S &amp; S of MH</b>
<ul style="list-style-type: none"> <li>▪ Locates Malignant Hyperthermia cart (near Inpt PACU)</li> </ul>
<ul style="list-style-type: none"> <li>▪ Recognizes symptoms of MH             <ul style="list-style-type: none"> <li>• Increase endotracheal tube carbon dioxide (ETCO<sub>2</sub>) levels</li> <li>• Tachycardia (fast heart rate)</li> <li>• Acidosis</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>▪ Identifies drug of choice and dosage (Dantrolene – Mix with Sterile WATER for IV infusion 2.5 mg/kg of body weight)</li> </ul>
<ul style="list-style-type: none"> <li>▪ Iced IV saline (in C Core Refrigerator)</li> </ul>
<ul style="list-style-type: none"> <li>▪ Ice bags (place ice in plastic ziplock bags)</li> </ul>
<ul style="list-style-type: none"> <li>▪ Crash cart</li> </ul>
<b>PREVENTION OF RETAINED SURGICAL ITEMS – Sponges, sharp, &amp; Instruments:</b> <b>Performs sharps, sponges, and instrument counts (Centers for Medicare &amp; Medicaid (CMS) Sentinel/Never event)</b>
<input checked="" type="checkbox"/> Reviews and adheres to policy for sponge, sharp, and instrument count
<input checked="" type="checkbox"/> Notifies surgeon, resident, fellow, PA of incorrect count
<input checked="" type="checkbox"/> Initiates corrective actions when counts are incorrect (obtains X-ray per Policy)
<ul style="list-style-type: none"> <li>▪ <b>If count below or above – it is INCORRECT – obtain x-ray</b></li> </ul>
<input checked="" type="checkbox"/> Document result of X-ray per radiologist or surgeon in the intraoperative record
<b>Domain #2: Physiologic Response- patient’s physiologic responses to operative and other invasive procedures</b>



<p><b>Competency Statement:</b> The patient's physiological, cognitive, special communication, cultural, psychosocial, and spiritual needs of the patient will be met.</p> <p><b>Outcome Statement:</b> The patient's physical needs will be attained by providing patient-centered care</p>
<b>POSITIONING: Utilizes knowledge and safe practices in patient positioning and transfer</b>
<input checked="" type="checkbox"/> Centers the patient on the OR table Use proper body mechanics in patient transfer
<input checked="" type="checkbox"/> Communicates and documents risk factors related to positioning
<input checked="" type="checkbox"/> Demonstrates knowledge of OR table
<input checked="" type="checkbox"/> Prepares the OR table
<input checked="" type="checkbox"/> Selects the appropriate supplies and equipment based on the patient's identified needs
<ul style="list-style-type: none"> <li>▪ Pads bony prominences (elbow pads, gel pads, pillows, blankets)</li> </ul>
<input checked="" type="checkbox"/> Uses positioning devices according to the established practice recommendations and the manufacturer's recommendations
<input checked="" type="checkbox"/> Moves the anesthetized patient
<input checked="" type="checkbox"/> Places the patient's arms on arm boards
<input checked="" type="checkbox"/> Properly positions patient in the following positions
<ul style="list-style-type: none"> <li>▪ Jackknife position</li> <li>▪ Lateral position</li> <li>▪ Lithotomy position</li> <li>▪ Reverse Trendelenberg position</li> <li>▪ Prone position</li> <li>▪ Sitting position</li> <li>▪ Supine position</li> <li>▪ Trendelenberg position</li> <li>▪ Fracture table</li> <li>▪ OSI vascular surgery table</li> </ul>
<input checked="" type="checkbox"/> Applies OR safety belt
<input checked="" type="checkbox"/> Rechecks pressure points and extremities after any position change
<b>POTENTIAL FOR RESPIRATORY INSTABILITY</b>
<input checked="" type="checkbox"/> Assist with and support patient

<ul style="list-style-type: none"> <li>▪ During induction of general anesthesia</li> <li>▪ Keep noise at a minimum</li> <li>▪ Be prepared to hand endotracheal tube to CRNA or MDA</li> <li>▪ Be prepared to hand suction</li> <li>▪ Be prepared to hand oxygen</li> <li>▪ Familiar with and provide Cricoid pressure (closes off the esophagus to allow visualization of the vocal cords)</li> </ul>
<ul style="list-style-type: none"> <li>▪ Difficult airway cart</li> <li>▪ Glidescope</li> <li>▪ Trach tray with assorted size trach tubes</li> <li>▪ During extubation or removal of endotracheal tube</li> <li>▪ Be prepared to hand suction</li> <li>▪ Be prepared to hand oxygen via nasal cannula, face mask</li> </ul>
<ul style="list-style-type: none"> <li>▪ Protect patient and personnel from high doses of radiation</li> <li>▪ Lead shielding for patient and personnel</li> <li>▪ Eye Protection</li> <li>▪ Wears doximeter (X-ray badge)</li> <li>▪ Protect from high doses of radiation</li> </ul>
<p><b>SPECIMEN HANDLING:</b> <i>Prepares and properly handles specimens</i></p>
<input checked="" type="checkbox"/> Reviews the “Specimens: Preparation, Care, and Handling Policy”
<input checked="" type="checkbox"/> Collects specimen in appropriate container
<ul style="list-style-type: none"> <li>▪ Sterile</li> <li>▪ unsterile</li> <li>▪ biohazard bag (small &amp; large)</li> <li>▪ Assorted size containers</li> </ul>
<input checked="" type="checkbox"/> Accurate patient identity, verifies patient name and DOB with scrub person (CST or RN) when collecting specimen
<input checked="" type="checkbox"/> Accurately labels specimens using employee #'s of both RN & CST per policy
<input checked="" type="checkbox"/> Fills out appropriate laboratory or pathology sheet correctly
<ul style="list-style-type: none"> <li>▪ Pathology form</li> </ul>

<ul style="list-style-type: none"> <li>▪ Microbiology form</li> <li>▪ Cytology form</li> <li>▪ Any other form not listed</li> </ul>
<input checked="" type="checkbox"/> Knowledge of specimen fixative to be used
<ul style="list-style-type: none"> <li>▪ Formalin</li> <li>▪ Fresh state</li> <li>▪ Frozen</li> <li>▪ Routine or permanent</li> </ul>
<input checked="" type="checkbox"/> Completes miscellaneous forms for chain of custody form (e.g. bullets, amputations, and transfer log)
<b>SMOKE EVACUATION:</b>
<input checked="" type="checkbox"/> Demonstrates knowledge of the importance of smoke evacuation
<b>TOURNIQUETS :</b>
<input checked="" type="checkbox"/> <b>Develop and confirm plan of care related to the use of tourniquet</b>
<ul style="list-style-type: none"> <li>▪ Assess size and shape of extremity</li> </ul>
<ul style="list-style-type: none"> <li>▪ Applies appropriate size tourniquet cuff</li> </ul>
<ul style="list-style-type: none"> <li>▪ Check peripheral pulses distal to the cuff</li> </ul>
<input checked="" type="checkbox"/> Documents use of tourniquet
<ul style="list-style-type: none"> <li>▪ Skin Integrity</li> <li>▪ Inflation</li> <li>▪ Deflation</li> <li>▪ Serial #</li> <li>▪ Time of duration</li> <li>▪ Pressure</li> </ul>
<ul style="list-style-type: none"> <li>▪ Planned location of the tourniquet</li> </ul>
<ul style="list-style-type: none"> <li>▪ Reviews policy and guidelines relating to use of tourniquet</li> </ul>
<b>Domain #3: Patient and Designated support person behavioral responses to operative and other invasive procedures (AORN, 2015)</b>
<b>Competency Statement:</b> The patient's behavioral needs of the patient will be met during the intraoperative phase of surgery.
<b>Outcome Statement:</b> The patient's behavioral needs will be attained by providing patient-centered care

<ul style="list-style-type: none"> <li>▪ Acts as primary patient advocate due to</li> <li>▪ Are sedated and anesthetized</li> <li>▪ Powerless to make decisions</li> </ul>
<ul style="list-style-type: none"> <li>▪ Anticipates the needs of the patient</li> <li>▪ Carries out the wishes of the patient/family</li> <li>▪ Directs nursing interventions toward prevention of infection and injury</li> <li>▪ Initiates a Safe and caring environment</li> <li>▪ Promotes infection prevention</li> <li>▪ Potential for and prevention of patient injury</li> <li>▪ Standing up and doing the right thing for our patients even if it is difficult</li> </ul>
<input checked="" type="checkbox"/> <b>ADVANCE DIRECTIVES</b>
<ul style="list-style-type: none"> <li>▪ Identifies location in chart to check for advance directives or code status</li> </ul>
<input checked="" type="checkbox"/> <b>DOCUMENTATION</b>
<ul style="list-style-type: none"> <li>▪ Documents nursing actions and assessments according to policy and AORN (2015) Guidelines for Perioperative Nursing Practice using paper and/or electronic documentation</li> </ul>
<input checked="" type="checkbox"/> Bair Hugger/Kimberly Clark warming system
<input checked="" type="checkbox"/> Wall suction
<input checked="" type="checkbox"/> Electro Surgery Unit (ESU)
<input checked="" type="checkbox"/> Harmonic Scalpel
<input checked="" type="checkbox"/> Gyrus GYN
<input checked="" type="checkbox"/> Laparoscopic monitors/towers/suction irrigators
<input checked="" type="checkbox"/> Light sources
<input checked="" type="checkbox"/> Pneumatic Tourniquet
<input checked="" type="checkbox"/> Smoke Evacuator
<input checked="" type="checkbox"/> To include other equipment not listed
<input checked="" type="checkbox"/> Operate equipment according to manufacturers and policies
<input checked="" type="checkbox"/> Checks equipment prior to use
<input checked="" type="checkbox"/> When equipment is NOT working:
<ul style="list-style-type: none"> <li>▪ Removes faulty equipment out of use immediately</li> </ul>

<ul style="list-style-type: none"> <li>▪ Notifies Nursing Support Specialist (53389)</li> <li>▪ Notifies Clinical Engineering (57006)</li> <li>▪ Provides reason for dysfunction of equipment</li> </ul>
<input checked="" type="checkbox"/> Returns equipment to appropriate storage area
<b>INFECTION PREVENTION:</b> <i>Verbalizes and demonstrates Infection Prevention principles in the Perioperative setting and patient care</i>
<input checked="" type="checkbox"/> Practices proper hand hygiene before, during, and after patient contact
<input checked="" type="checkbox"/> Identifies location of Infection Prevention Manual
<input checked="" type="checkbox"/> Participates in pre-case cleaning, between case cleaning, and terminal cleaning of the OR
<input checked="" type="checkbox"/> Knowledge and adherence to Infection Prevention
<ul style="list-style-type: none"> <li>▪ Droplet</li> <li>▪ Contact</li> <li>▪ Respiratory</li> </ul>
<input checked="" type="checkbox"/> Discusses OR cleaning principles for patients with infectious diseases
<ul style="list-style-type: none"> <li>▪ C Diff</li> <li>▪ MRSA</li> <li>▪ VRE</li> </ul>
<input checked="" type="checkbox"/> Discusses environmental methods and practice methods to reduce surgical site infection
<input checked="" type="checkbox"/> Uses proper technique in opening and presenting sterile items <b>ASEPTICALLY</b> to sterile field
<b>SURGICAL ATTIRE:</b>
<input checked="" type="checkbox"/> Adheres to policy for dress code into the OR (jade green scrubs)
<input checked="" type="checkbox"/> Reviews the Policy “Dress Code Entrance into the OR”
<input checked="" type="checkbox"/> <b>NO ARTIFICIAL NAILS or GEL NAILS (per GHS policy)</b>
<b>SPECIMEN HANDLING:</b>
Prepares and properly handles specimens
<input checked="" type="checkbox"/> Reviews the “Specimens: Preparation, Care, and Handling Policy”
<input checked="" type="checkbox"/> Collects specimen in appropriate container
<ul style="list-style-type: none"> <li>▪ Assorted size container</li> <li>▪ Biohazard bags (small &amp; large)</li> </ul>

<ul style="list-style-type: none"> <li>▪ Sterile</li> <li>▪ Unsterile</li> </ul>
<input checked="" type="checkbox"/> Accurate patient identity, verifies patient name and DOB with scrub person (CST or RN) when collecting specimen
<input checked="" type="checkbox"/> Accurately labels specimens using employee #'s of both RN & CST per <i>System</i> policy
<input checked="" type="checkbox"/> Fills out appropriate laboratory or pathology sheet correctly
<ul style="list-style-type: none"> <li>▪ Pathology form</li> <li>▪ Microbiology form</li> <li>▪ Cytology form</li> <li>▪ Any other form not listed</li> </ul>
<input checked="" type="checkbox"/> Knowledge of specimen fixative to be used
<ul style="list-style-type: none"> <li>▪ Formalin</li> <li>▪ Fresh state</li> <li>▪ Frozen</li> <li>▪ Routine or permanent</li> </ul>
<input checked="" type="checkbox"/> Completes miscellaneous forms for chain of custody form (e.g. bullets, amputations, and transfer log)
<input checked="" type="checkbox"/> Identifies and uses appropriate prep solution
<input checked="" type="checkbox"/> Prevents pooling of solution – <b>places towels as barriers to collect excess fluid</b>
<input checked="" type="checkbox"/> Washes skin and inspect skin integrity postoperatively
<input checked="" type="checkbox"/> Applies safety principles when using flammable prep agents
<input checked="" type="checkbox"/> Adheres to DRYING time of Prep agents (3 minutes – Chloraprep & Duraprep)
<b><i>Tissue Issues: Allograft Tissue, Autologous Tissue, Human Tissue (Bone, Skin, Vein)</i></b>
<input checked="" type="checkbox"/> Locates tissue stored in Bone Freezer, Refrigerator, or on shelf
<input checked="" type="checkbox"/> Knowledgeable about Tissue Tracking
<ul style="list-style-type: none"> <li>▪ Logged in by implant coordinator</li> <li>▪ Type of tissue, manufacturer #, serial #, lot #, &amp; expiration date</li> </ul>
<input checked="" type="checkbox"/> Documents tissue removal from Optiflex cabinets or other storage (e.g. tissue or autologous refrigerator)

<input checked="" type="checkbox"/> Accurately documents tissue in the intraoperative record
<b><i>Respects patient's and family's rights</i></b>
<input checked="" type="checkbox"/> Adheres to HIPPA guidelines to meet patient's rights regarding protected information.
<input checked="" type="checkbox"/> Maintains patient confidentiality
<input checked="" type="checkbox"/> Provides for patient privacy in prepping and draping in OR
<input checked="" type="checkbox"/> Plans care for patients with diverse ethical and spiritual beliefs
<input checked="" type="checkbox"/> Communicates patient's condition to family at intervals
<input checked="" type="checkbox"/> Applies HIPPA guidelines to patient information during care
<input checked="" type="checkbox"/> Discusses corporate compliance issues related to patient charging including cancelled cases and dropped supplies.
<b><i>Wound Management</i></b>
<input checked="" type="checkbox"/> Documents wound assessment on intraoperative nursing record
<input checked="" type="checkbox"/> Identifies various types of dressing for surgical wounds including wound vac (various sizes - abdominal, small, medium, & large)
<input checked="" type="checkbox"/> Identifies proper surgical wound classification
<ul style="list-style-type: none"> <li>▪ Clean</li> <li>▪ Clean-Contaminated</li> <li>▪ Contaminated</li> <li>▪ Dirty</li> </ul>
<b>Domain #4- Health System – designates administrative concerns and structure elements essential to successful perioperative outcomes (AORN, 2015)</b>
<b>Outcome Statement:</b> Applies the mission, vision, and values, and performance improvement initiatives of the <i>System</i> in the delivery of patient care.
<input checked="" type="checkbox"/> Discuss how the mission, vision, and values impact patient care delivery
<input checked="" type="checkbox"/> Displays actions to improve customer satisfaction
<ul style="list-style-type: none"> <li>▪ Patient</li> <li>▪ Patient's family</li> <li>▪ Surgeon</li> </ul>
<input checked="" type="checkbox"/> Identify current Performance Improvement initiatives of the OR
<input checked="" type="checkbox"/> Participate in Performance Improvement data gathering.
<b><i>BASIC LIFE SUPPORT/EMERGENCY CODE RESPONSE</i></b>
<b>*Discusses nursing actions related to OR emergency procedures and appropriate personnel to call:</b>
<input checked="" type="checkbox"/> Anesthesia STAT to OR#

<input checked="" type="checkbox"/> Each members role for CPR in the OR <input checked="" type="checkbox"/> Surgeons and Anesthesiologists list of telephone numbers <input checked="" type="checkbox"/> Participates in a mock code during orientation
<b>DEMONSTRATES PROFESSIONAL ACCOUNTABILITY</b>
<input checked="" type="checkbox"/> Attends hospital sponsored continuing education sessions
<input checked="" type="checkbox"/> Communicates effectively with OR team members
<input checked="" type="checkbox"/> Demonstrates tact and understanding when dealing with patients, team members, other disciplines, and the public
<input checked="" type="checkbox"/> Exercises safe judgment in decision-making
<input checked="" type="checkbox"/> Functions as a member of the Perioperative team
<input checked="" type="checkbox"/> Identify strengths and learning needs during the orientation period
<input checked="" type="checkbox"/> Responds in a positive manner to verbal criticism
<input checked="" type="checkbox"/> Practices within ethical and legal guidelines
<b>Functions in the role of the Circulating RN at the novice level with <u>some assistance</u> from the RN Clinical Advisor.</b>
<input checked="" type="checkbox"/> Applies prior knowledge and uses past clinical experiences to think critically while delivering patient care in the Operating Room
<input checked="" type="checkbox"/> Continues to develop prioritization and organization skills before and during the cases.
<input checked="" type="checkbox"/> Consults appropriate resources for information e
<ul style="list-style-type: none"> <li>▪ Charge Nurse</li> <li>▪ Clinical Advisor</li> <li>▪ Clinical Nurse Educator</li> <li>▪ Core Coordinator</li> <li>▪ Nursing Supervisor</li> </ul>
<input checked="" type="checkbox"/> Demonstrates improved organization and prioritization skills while running the case
<input checked="" type="checkbox"/> Identifies learning needs and seeks opportunities to complete them
<input checked="" type="checkbox"/> Identifies self-limitations and asks questions
<input checked="" type="checkbox"/> Takes action to encourage independence from Clinical Advisor when necessary
<b><u>Functions independently</u> in the role of Circulating RN at the advanced beginner to competent level consulting Clinical Advisor when necessary</b>



<input checked="" type="checkbox"/> Demonstrates organizational and prioritization skills at the advanced beginner stage
<input checked="" type="checkbox"/> Takes action to encourage independence from Clinical Advisor when necessary
<input checked="" type="checkbox"/> Identifies limitations and consults appropriate resources
<b><i>Functions independently in the role of Circulating RN at the competent or proficient level consulting resources when necessary. (For experienced OR nurses)</i></b>





Informed Consent for Retaining Tissue for Possible Future Research								
Lewis Blackman Patient Safety Information Sheet								
<b>Equipment</b>								
Demonstrates proper equipment use								
Operate equipment according to manufacturers and GHS policies								
Checks equipment <b>PRIOR</b> to use								
<ul style="list-style-type: none"> <li>Bair Hugger</li> </ul>								
<ul style="list-style-type: none"> <li>Electrosurgery Unit (ESU)</li> </ul>								
<ul style="list-style-type: none"> <li>Harmonic Scalpel</li> </ul>								
<ul style="list-style-type: none"> <li>Gyrus GYN</li> </ul>								
<ul style="list-style-type: none"> <li>Laparoscopic monitors/towers/suction irrigators</li> </ul>								
	<b>Orientee Self-Assessment</b>			<b>Clinical Advisor/CNS/CNE Evaluation</b>				
	I have no experience	I want supervision	I can perform independently	Skill Performed satisfactorily	Simulated experience	Discussed	DATE	<b>INITIALS/ COMMENTS</b>
<b>Equipment Cont.</b>								
<ul style="list-style-type: none"> <li>Light sources</li> </ul>								
<ul style="list-style-type: none"> <li>Pneumatic Tourniquet</li> </ul>								
<ul style="list-style-type: none"> <li>Smoke Evacuator</li> </ul>								
<ul style="list-style-type: none"> <li>Wall Suction</li> </ul>								
<ul style="list-style-type: none"> <li>Other equipment not listed</li> </ul>								
<ul style="list-style-type: none"> <li>Provides reason for dysfunction of equipment</li> </ul>								
Equipment NOT working								
<ul style="list-style-type: none"> <li>Notifies Clinical Engineering</li> </ul>								
<ul style="list-style-type: none"> <li>Tags with explanation of equipment malfunction</li> </ul>								
Disinfects equipment after patient use								
Returns equipment to appropriate storage area								





<input checked="" type="checkbox"/> Consults								
<input checked="" type="checkbox"/> Pathology								
<input checked="" type="checkbox"/> Radiology/X-ray/CT/MRI								
Verifies availability of Devices/Equipment/Implants								
<b>STOP NO Devices/Equipment/Implants WILL NOT BE ALLOWED ENTRANCE TO THE OR</b>								
Verifies surgeon is present in the hospital for procedure <b>PRIOR</b> to induction of anesthesia								

<p align="center"><b>DEVELOPS &amp; PLANS:</b> an individualized plan of care related to planned surgical procedure based on the patient's age, behavioral, cultural, and physical outcomes</p> <p><b>Age specific care:</b> to promote optimum patient outcomes</p> <p><b>Population specific care</b></p>								
	<b>Orientee Self-Assessment</b>			<b>Clinical Advisor/CNS/CNE Evaluation</b>				
	<b>I have no experience</b>	<b>I want supervision</b>	<b>I can perform independently</b>	<b>Skill Performed satisfactorily</b>	<b>Simulated experience</b>	<b>Discussed</b>	<b>DATE</b>	<b>INITIALS/ COMMENTS</b>
Assess age appropriate data, interpret appropriate information								
Applies knowledge of diverse population needs to maintenance of body temperature								
Assesses the need for patient/ parent education as necessary, completes education, and documents								
Define special needs and behaviors of specific patient age groups								
Discusses age and population appropriate care based on current literature and clinical experience								
Identify key age-specific competencies in each life stage								
Plans for appropriate population care by selecting supplies and equipment appropriate to the size of the patient								
Provides age and population specific needs for all patient populations including pediatric, adolescent, adult, geriatric, and obese								
<b>Behavioral Needs</b>								
Assess Mental Health Needs								
Provides emotional support								
Identifies spiritual needs or support								
	<b>Orientee Self-Assessment</b>			<b>Clinical Advisor/CNS/CNE Evaluation</b>				

	I have no experience	I want supervision	I can perform independently	Skill Performed satisfactorily	Simulated experience	Discussed	DATE	INITIALS/ COMMENTS
Cultural competent care that demonstrates respect and is responsive to the needs of diverse patient populations for								
<ul style="list-style-type: none"> <li>Aware of and sensitive to cultural differences</li> </ul>								
<ul style="list-style-type: none"> <li>Communicates respectfully to diverse patients</li> </ul>								
<ul style="list-style-type: none"> <li>Provides interpreter services for diverse languages for improved health information</li> </ul>								
<ul style="list-style-type: none"> <li>Provides hearing impaired – sign language</li> </ul>								
Identifies physical needs								
<input checked="" type="checkbox"/> Provides support for physical disabilities								
<b>IMPLEMENTS</b> nursing interventions and nursing actions safely and effectively related to positioning								
<input checked="" type="checkbox"/> Assists in positioning								
<input checked="" type="checkbox"/> Facilitates patient safety at all times								
<input checked="" type="checkbox"/> Observes and enforces strict standards of asepsis								
<input checked="" type="checkbox"/> Provides instruments, supplies, and equipment								
<input checked="" type="checkbox"/> Responds to comfort needs								
<input checked="" type="checkbox"/> Satisfactory physiologic response to anesthesia and surgical intervention								

<b>EVALUATES</b> and monitors the patient's progress and effectiveness of nursing interventions towards achieving identified outcomes		
	<b>Orientee Self-Assessment</b>	<b>Clinical Advisor/CNS/CNE Evaluation</b>



	I have no experience	I want supervision	I can perform independently	Skill Performed satisfactorily	Simulated experience	Discussed	DATE	INITIALS/ COMMENTS
Documents the patient's progress on the intraoperative nursing record (Clin Doc)								
Revises plan of care based on ongoing assessment and evaluation								
<ul style="list-style-type: none"> <li>Laparoscopic case converts to an open abdominal case</li> </ul>								
<b>VERBALIZES</b> knowledge and demonstrates appropriate techniques for admission of patient to the OR (per <i>System policy</i> & AORN)								
Identifies and verifies patient identification by two patient identifiers – Using Active communication								
<ul style="list-style-type: none"> <li>Name</li> </ul>								
<ul style="list-style-type: none"> <li>Date of birth</li> </ul>								
<ul style="list-style-type: none"> <li>Patient Name Band</li> </ul>								
<ul style="list-style-type: none"> <li>Any discrepancies <b>MUST</b> be corrected <b>PRIOR</b> to surgery</li> </ul>								
<ul style="list-style-type: none"> <li><b>IMPROPER</b> patient identification will <b>NOT</b> be admitted to the OR (<i>System: Policy – Admission to the OR, 2015</i>)</li> </ul>								
Confirmation of the surgical site (per <i>System Universal Protocol Policy</i> )								
<input checked="" type="checkbox"/> Surgical site by patient								
	<b>Orientee Self-Assessment</b>			<b>Clinical Advisor/CNS/CNE Evaluation</b>				
	I have no experience	I want supervision	I can perform independently	Skill Performed satisfactorily	Simulated experience	Discussed	DATE	INITIALS/ COMMENTS
<input checked="" type="checkbox"/> Surgical site marking by surgeon								
Verifies & documents last time patient ate or drank								
Verifies & documents allergies to latex, food, and medications								





	Orientee Self-Assessment			Clinical Advisor/CNS/CNE Evaluation				INITIALS/ COMMENTS
	I have no experience	I want supervision	I can perform independently	Skill Performed satisfactorily	Simulated experience	Discussed	DATE	
<b>ELECTROSURGERY SAFETY: Uses practices to prevent patient injury related to electrosurgery</b>								
Assess and document the patient's skin condition before and after ESU use								
Place the dispersive electrode (grounding pad) on the following								
<input checked="" type="checkbox"/> Clean dry skin								
<input checked="" type="checkbox"/> Large well perfused muscle mass on the surgical side								
<input checked="" type="checkbox"/> Close to the surgical site if possible								
<input checked="" type="checkbox"/> Removes hair using clippers								
<b>Does NOT place dispersive electrode (grounding pad) to the following:</b>								
<input checked="" type="checkbox"/> Areas distal to tourniquets								
<input checked="" type="checkbox"/> Bony prominences								
<input checked="" type="checkbox"/> Metal prosthesis								
<input checked="" type="checkbox"/> Potential pressure points								
<input checked="" type="checkbox"/> Scar tissue								
<input checked="" type="checkbox"/> Tattoos								
<input checked="" type="checkbox"/> Weight bearing surfaces								
<b>Avoids contact with metal devices</b>								
• Removes all jewelry from patient including but not limited to:								
• Body piercings								
• Earrings								
• Hair Extensions								
• Needle Electrodes								
• Rings								
	<b>Orientee Self-Assessment</b>			<b>Clinical Advisor/CNS/CNE Evaluation</b>				

	I have no experience	I want supervision	I can perform independently	Skill Performed satisfactorily	Simulated experience	Discussed	DATE	INITIALS/ COMMENTS
<ul style="list-style-type: none"> <li>Monitoring leads</li> </ul>								
<ul style="list-style-type: none"> <li>Adult</li> </ul>								
<ul style="list-style-type: none"> <li>Infant/Pediatric</li> </ul>								
<ul style="list-style-type: none"> <li><b>DO NOT</b> cut dispersive electrode (grounding pad)</li> </ul>								
Confirms electronic devices to include but not limited to:								
<ul style="list-style-type: none"> <li>Implanted cardioverter defibrillators (ICDs)</li> <li>Implanted electronic devices (IEDs)</li> <li>Implanted hearing devices</li> <li>Implanted infusion pumps</li> <li>Neurostimulators</li> <li>Osteogenic Stimulators</li> <li>Pacemakers</li> </ul>								
<b>HAVE MAGNET IN ROOM – DECREASE USE OF ESU</b>								
<b>PLACE DISPERSIVE OR GROUNDING PAD AS FAR FROM THE IMPLANTED ELECTRONIC DEVICE AS POSSIBLE</b>								
Identifies different modes for ESU								
<ul style="list-style-type: none"> <li>Monopolar (needs dispersive electrode or grounding pad)</li> </ul>								
<ul style="list-style-type: none"> <li>Bipolar (does NOT need dispersive electrode or grounding pad)</li> </ul>								
<ul style="list-style-type: none"> <li>Argon (needs dispersive electrode or grounding pad)</li> </ul>								
<b>Prevents</b> flammable prep solution from pooling under patient								
	<b>Orientee Self-Assessment</b>			<b>Clinical Advisor/CNS/CNE Evaluation</b>				













<input checked="" type="checkbox"/> Applies appropriate size tourniquet cuff								
<input checked="" type="checkbox"/> Check peripheral pulses distal to the cuff								
<b>Documents use of tourniquet</b>								
<input checked="" type="checkbox"/> Skin Integrity								
<input checked="" type="checkbox"/> Inflation								
<input checked="" type="checkbox"/> Deflation								
<input checked="" type="checkbox"/> Serial #								

	Orientee Self-Assessment			Clinical Advisor/CNS/CNE Evaluation				INITIALS/ COMMENTS
	I have no experience	I want supervision	I can perform independently	Skill Performed satisfactorily	Simulated experience	Discussed	DATE	
<input checked="" type="checkbox"/> Time of duration								
<input checked="" type="checkbox"/> Pressure								
Planned location of the tourniquet								
<input checked="" type="checkbox"/> Reviews <i>System</i> policy and guidelines relating to use of tourniquet								

<b>Domain #3: Patient and Designated support person behavioral responses to operative and other invasive procedures (AORN, 2015)</b>								
<b>Competency Statement:</b> The patient's behavioral needs of the patient will be met during the intraoperative phase of surgery.								
<b>Outcome Statement:</b> The patient's behavioral needs will be attained by providing patient-centered care								
	Orientee Self-Assessment			Clinical Advisor/CNS/CNE Evaluation				INITIALS/ COMMENTS
	I have no experience	I want supervision	I can perform independently	Skill Performed satisfactorily	Simulated experience	Discussed	DATE	
<b>ADVOCACY:</b> Initiates, participates, and ADVOCATES for the needs of the patient Acts as primary patient advocate due to Are sedated and anesthetized Powerless to make decisions								
	Orientee Self-Assessment			Clinical Advisor/CNS/CNE Evaluation				





into the OR (jade green scrubs)								
<ul style="list-style-type: none"> <li>Reviews the <i>System</i> Policy “Dress Code Entrance into the OR”</li> </ul>								
<ul style="list-style-type: none"> <li>NO ARTIFICIAL NAILS or GEL NAILS (per GHS policy)</li> </ul>								
<b>Tissue Issues: Allograft Tissue, Autologous Tissue, Human Tissue (Bone, Skin, Vein)</b>								
<ul style="list-style-type: none"> <li>Locates tissue stored in Bone Freezer or on shelf</li> </ul>								
<ul style="list-style-type: none"> <li>Knowledgeable about Tissue Tracking</li> </ul>								
	<b>Orientee Self-Assessment</b>			<b>Clinical Advisor/CNS/CNE Evaluation</b>				
	<b>I have no experience</b>	<b>I want supervision</b>	<b>I can perform independently</b>	<b>Skill Performed satisfactorily</b>	<b>Simulated experience</b>	<b>Discussed</b>	<b>DATE</b>	<b>INITIALS/ COMMENTS</b>
<ul style="list-style-type: none"> <li>Type of tissue, manufacturer #, serial #, lot #, &amp; expiration date</li> </ul>								
<ul style="list-style-type: none"> <li>Documents tissue in the intraoperative record</li> </ul>								
<b>Respects patient’s and family’s rights</b>								
<ul style="list-style-type: none"> <li>Adheres to <b>HIPPA</b> guidelines to meet patient’s rights regarding protected informatio</li> </ul>								
<ul style="list-style-type: none"> <li>Applies HIPPA guidelines to patient information during care</li> </ul>								
<ul style="list-style-type: none"> <li>Communicates patient’s condition to family at intervals</li> </ul>								
<ul style="list-style-type: none"> <li>Discusses corporate compliance issues related to patient charging including cancelled cases and dropped supplies</li> </ul>								
<ul style="list-style-type: none"> <li>Maintains patient confidentiality</li> </ul>								
<ul style="list-style-type: none"> <li>Plans care for patients with diverse ethical and spiritual beliefs</li> </ul>								
<ul style="list-style-type: none"> <li>Provides for patient privacy in prepping and draping in OR</li> </ul>								

<b>Wound Management</b>								
<input checked="" type="checkbox"/> Documents wound assessment on intraoperative nursing record								
Orientee Self-Assessment			Clinical Advisor/CNS/CNE Evaluation					INITIALS/ COMMENTS
I have no experience	I want supervision	I can perform independently	Skill Performed satisfactorily	Simulated experience	Discussed	DATE		
<ul style="list-style-type: none"> <li>Identifies proper surgical wound classification</li> </ul>								
<ul style="list-style-type: none"> <li>Clean</li> <li>Clean Contaminated</li> <li>Contaminated</li> <li>Dirty</li> </ul>								

<b>Domain #4- Health System – designates administrative concerns and structure elements essential to successful perioperative outcomes (AORN, 2015)</b>								
<b>Outcome Statement: Applies the mission, vision, and values, and performance improvement initiatives of the GHS in the delivery of patient care.</b>								
Orientee Self-Assessment			Clinical Advisor/CNS/CNE Evaluation					INITIALS/ COMMENTS
I have no experience	I want supervision	I can perform independently	Skill Performed satisfactorily	Simulated experience	Discussed	DATE		
<b>System Standards of Behavior</b>								
Discuss how the <i>System</i> mission, vision, and values impact patient care delivery								
Displays actions to improve customer satisfaction								
<ul style="list-style-type: none"> <li>Patient</li> </ul>								
<ul style="list-style-type: none"> <li>Family</li> </ul>								
<ul style="list-style-type: none"> <li>Surgeon</li> </ul>								
Orientee Self-Assessment			Clinical Advisor/CNS/CNE Evaluation					







<input checked="" type="checkbox"/> Demonstrates organizational and prioritization skills at the advanced beginner stage								
<input checked="" type="checkbox"/> Takes action to encourage independence from Clinical Advisor when necessary								
<input checked="" type="checkbox"/> Identifies limitations and consults appropriate resources								

## Appendix F: Revised Orientation Curriculum

**Revised Perioperative Orientation, Education, & Mentoring (POEM) Program  
PILOT ORIENTATION CURRICULUM**

Name: \_\_\_\_\_ Employee # \_\_\_\_\_  
Hire Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_

## Objectives

1. Transition the novice RN to the perioperative nursing setting.
2. Develop a competent nurse who provides safe perioperative nursing care to the surgical patient while exhibiting *System* core values
3. Develop critical thinking skills to enhance the nurse's clinical decision-making for surgical patients
4. Support evidence-based nursing practice, best practices, and nursing research through the use of the Association of periOperative Registered Nurses (AORN, 2015) Guidelines for Perioperative Practices

1) Introduction to the Perioperative- Surgical Environment	Date	CNE/CP S Initials	Complete d by & Feedback from Novice RN
Video – Surgical Attire – Retrieved from <a href="http://youtu.be/wpquzdjaMc4">http://youtu.be/wpquzdjaMc4</a>			
Review – AORN (2015) Guidelines for Perioperative Practice			
<ul style="list-style-type: none"> <li>• AORN Guideline for Surgical Attire</li> <li>• Review – <i>System</i> policy – Dress code for entrance into the OR</li> <li>• Participate in Skills Lab –<i>System</i>– Entrance into the Surgical Environment -</li> </ul>			
Activity – Provide walking tour of OR			
<ul style="list-style-type: none"> <li>❖ Unrestricted area (Pre-Op)</li> <li>❖ Semi-restricted area (hallways inside the OR)</li> <li>❖ Restricted areas (inside the cores &amp; inside the operating room suites)</li> <li>❖ Quiz – Entrance into the Surgical Environment (5 questions)</li> </ul>			
CNE/CPS/Mentor - provide time to answer questions or concerns			
<b>Discuss roles of team members in the OR – Scope of Practice</b>			
Anesthesia (MDA) Medical Doctor of Anesthesia			
Anesthetists – Certified Registered Nurse Anesthetists (CRNA) — Nurse Anesthesia Program			
Anesthesia Technician (AT) role description – (American Society of Anesthesia Technologists & Technicians – Standards of Practice – <a href="http://www.asatt.org/about-us-menu/standards-of-practice-menu">http://www.asatt.org/about-us-menu/standards-of-practice-menu</a> )			
Registered Nurse (RN) – AORN <a href="http://www.aorn.org/Clinical_Practice/Position_Statements/Position_Statements.aspx">http://www.aorn.org/Clinical_Practice/Position_Statements/Position_Statements.aspx</a>			
Surgeon (DO/MD/Medical Student/Fellow/Resident) –			
Surgical Technologist (CST) – <a href="http://www.aorn.org/Career_Center/Explore_Careers/Chart_Your_OR_Career/Surgical_Technologist.aspx">http://www.aorn.org/Career_Center/Explore_Careers/Chart_Your_OR_Career/Surgical_Technologist.aspx</a>			
Team Technician (TT) role description & responsibilities			
CNE/CPS/Mentor – provide time to answer questions or concerns			
<b>Introduction to Perioperative Nursing &amp; the Association of periOperative Nursing (AORN)</b>			
Video – Intro to Nursing: Perioperative nursing – Retrieved from <a href="https://www.youtube.com/watch?v=gnPXRe46SXU">https://www.youtube.com/watch?v=gnPXRe46SXU</a>			
<ul style="list-style-type: none"> <li>• Review AORN Policy Profile: The perioperative Registered Nurse Circulator (handout)</li> <li>• Review – <i>System</i> Introduction to Perioperative Nursing – Power Point</li> </ul>			
CNE/CPS/Mentor – provide time to answer questions or concerns			
<b>Professionalism</b>			
Video – Professionalism in nursing – Retrieved from <a href="http://www.youtube.com/watch?v=Pu8y13PLYb0">http://www.youtube.com/watch?v=Pu8y13PLYb0</a>			
<ul style="list-style-type: none"> <li>❖ Review article written by Baker, J. D. (2013) Social networking and professional boundaries, <i>AORN Journal</i>, 97(5), 501-506. Retrieved from</li> </ul>			

<a href="http://www.aornjournal.org/article/S0001-2092(13)00263-9/pdf">http://www.aornjournal.org/article/S0001-2092(13)00263-9/pdf</a>			
❖ Review – <i>System</i> Professionalism – Power Point			
❖ Quiz – Professionalism (10 questions)			
CNE/CPS/Mentor - Discuss article & power point – Provide time for questions			
<b>Clinical reasoning &amp; critical thinking in perioperative nursing</b>			
Review professional nursing organization – AORN – discuss purpose, mission of AORN			
• AORN (2015) Guidelines for perioperative practice			
South Carolina Nurse Practice Act – Retrieved from <a href="http://www.scstatehouse.gov/code/t40c033.php">http://www.scstatehouse.gov/code/t40c033.php</a>			
• Review – <i>System</i> Introduction to AORN & SC Nurse Practice Act – power point			
CNE/CPS/Mentor – Provide time to discuss & ask questions			
<b>Introduction to perioperative nursing assessment</b>			
The perioperative RN assesses, collects, & reviews (practice locating & navigating to find polices on Plexus)			
🔗 Review AORN (2015) Guidelines for Perioperative Nursing - Standards of perioperative nursing – Retrieved from <a href="http://www.aornstandards.org/content/current">http://www.aornstandards.org/content/current</a>			
🔗 Review <i>System</i> policy – Admission to the operating room			
🔗 Reviews <i>System</i> policy - Standards of perioperative nursing for the RN circulator			
🔗 Quiz – Circulating RN responsibilities (26 questions)			
Activity – Participate in Skills lab – GHS perioperative assessment			
🔗 Review <i>System</i> policy – Patient Assessment			
🔗 Provide – <i>System</i> Perioperative Nursing Assessment – Power Point presentation			
Activity – Participate in Skills lab – <i>System</i> circulating RN Responsibilities			
🔗 Quiz – Perioperative nursing assessment (10 questions)			
CNE/CPS/Mentor – Provide time to discuss & ask questions			
• <b>Perioperative safety – Universal Protocol</b>			
Video - ER Time Out – Retrieved from <a href="http://www.youtube.com/watch?v=hCEbPUo1_sA">www.youtube.com/watch?v=hCEbPUo1_sA</a>			
Locate, navigate, & review – Manual of Policy Directives – Universal Protocol S – 50 - 22			
Activity – Participate in skills lab - <i>System</i> orientation – Universal Protocol			
CNE/CPS/Mentor – provide time to discuss comments or concerns			
• <b>Aseptic Technique</b>			
Video – Preparation of the sterile field – Retrieved from <a href="http://youtu.be/nuIUT_5tMMI">http://youtu.be/nuIUT_5tMMI</a>			
• Review AORN (2015) Guideline for sterile technique			
• Review <i>System</i> policy – Sterile technique			
Video – Monitoring the sterile field – Retrieved from <a href="http://youtu.be/BwXYJOrucOY">http://youtu.be/BwXYJOrucOY</a>			
Activity – Sterile Technique Skills lab Part I & II			
Additional resources			
• Review Lippincott Procedures – Sterile Technique, basic – Retrieved from <a href="http://procedures.lww.com/lmp/view.do?pld=1406960&amp;s=c">http://procedures.lww.com/lmp/view.do?pld=1406960&amp;s=c</a>			
CNE/CPS/Mentor – provide time to discuss comments or concerns			
• <b>Blood Verification, Blood Products &amp; Handling</b>			
❖ Review <i>System</i> policy – Blood, obtaining emergency blood			
❖ Review <i>System</i> policy – Massive Blood resuscitation protocol			
❖ Review <i>System</i> Blood consent			
❖ Review <i>System</i> Blood & Blood products powerpoint			
Activity – Participate in skills lab – <i>System</i> Blood skills lab			
Review Emergency Blood release form (must be signed by MD)			
Complete – Blood verification competency checklist (Massive Blood Transfusion Protocol – MBTP)			
CNE/CPS/Mentor – provide time to discuss comments or concerns			
• <b>Cardiac Arrest in the OR</b>			
🔗 Review <i>System</i> policy – cardiac arrest in the OR			
Complete cardiac arrest in the OR competency			
Complete Zoll R series cardiac crash cart defibrillator competency			
CNE/CPE/Mentor – provide time to discuss comments or concerns			
• <b>Documentation</b>			
Review policy – Documentation operating room record (electronic/EPIC) – Retrieved from			
Review –policy – Documentation operating room record (paper) – Retrieved from			

CNE/CPS/Mentor – Provide time to discuss comments or concerns			
<ul style="list-style-type: none"> <li>• <b>Electrosurgery Safety – utilizes safe practices to prevent patient injury related to the ESU</b></li> </ul>			
Video - Electrosurgery – Retrieved from <a href="https://www.youtube.com/watch?v=UVBPxChoZ6I">https://www.youtube.com/watch?v=UVBPxChoZ6I</a>			
➤ Review –policy ESU Guidelines			
➤ Review AORN (2015) Guidelines for Electrosurgery			
➤ Review Lippincott Procedures – Electrosurgical unit (ESU) use – Retrieved from <a href="http://procedures.lww.com/lmp/view.do?pld=1406165&amp;s=q">http://procedures.lww.com/lmp/view.do?pld=1406165&amp;s=q</a>			
Activity – Skills lab –orientation ESU skills lab			
Quiz – Electrosurgery unit quiz (10 questions)			
CNE/CPS/Mentor – Provide time to discuss comments or concerns			
<ul style="list-style-type: none"> <li>• <b>Fire Prevention &amp; Safety</b></li> </ul>			
Video – Operating room safety: Fires in the OR – Retrieved from <a href="https://www.youtube.com/watch?v=Lir6RpPo41E">https://www.youtube.com/watch?v=Lir6RpPo41E</a>			
<ul style="list-style-type: none"> <li>• Review AORN (2015)</li> <li>• Review policy – Fire in the operating room plan</li> </ul>			
Activity – Review Lippincott Procedures – Fire prevention, OR – Retrieved from <a href="http://procedures.lww.com/lmp/view.do?pld=1406189&amp;s=c">http://procedures.lww.com/lmp/view.do?pld=1406189&amp;s=c</a>			
Complete – Initial Fire Training Competency (usually done in beginning of orientation)			
CNE/CPS/Mentor – provide time to discuss comments or concerns			
<ul style="list-style-type: none"> <li>• <b>Infection Prevention</b></li> </ul>			
❖ Reviews Five moments of hand hygiene			
❖ Practices proper hand hygiene before, during, and after patient contact			
❖ Locates Infection Prevention Manual on GHS Plexus			
❖ Identifies cleaning principles for patients with infectious diseases			
❖ Contact Precautions			
❖ Personal Protective Equipment (PPE)			
CNE/CPS/Mentor – Provide time to discuss comments or concerns			
<ul style="list-style-type: none"> <li>• <b>Malignant Hyperthermia</b></li> </ul>			
Video – Malignant hyperthermia: Intraoperative video – case report – Retrieved from <a href="https://www.youtube.com/watch?v=Q0FighAlizQ">https://www.youtube.com/watch?v=Q0FighAlizQ</a>			
➤ Review AORN (2015) Malignant Hyperthermia Guidelines			
Activity – Tour OR – locate Malignant Hyperthermia cart – Review contents of cart			
Complete – Malignant Hyperthermia Competency Checkoff			
CNE/CPS/Mentor – Provide time to discuss comments or concerns			
<ul style="list-style-type: none"> <li>• <b>Medication Safety – administers medication safely</b></li> </ul>			
Video Perioperative medication safety practices – Cine Med – Retrieved from <a href="http://cine-med.com/index.php?nav=aom&amp;id=195">http://cine-med.com/index.php?nav=aom&amp;id=195</a>			
<ul style="list-style-type: none"> <li>• Review policy – Medications &amp; solutions administration and handling</li> <li>• Review orientation administering medications – Power Point</li> </ul>			
Activity – Skills lab –aseptic transfer of medication skills lab			
CNE/CPS/Mentor – Provide time to discuss comments or concerns			
<ul style="list-style-type: none"> <li>• <b>Positioning the Patient</b></li> </ul>			
Video – Patient positioning – Retrieved from <a href="http://youtu.be/LskwFQ19-5k">http://youtu.be/LskwFQ19-5k</a>			
➤ Review AORN (2015) Positioning Guidelines			
➤ Review policy – positioning of patient’s guidelines			
Activity –orientation – Patient positioning			
CNE/CPS/Mentor – Provide time to discuss comments or concerns			
<ul style="list-style-type: none"> <li>• <b>Prevention of Retained Surgical Items</b></li> </ul>			
Video – The Surgical Count – Retrieved from <a href="https://youtu.be.com/watch?v=s4RCzhdQIVA">https://youtu.be.com/watch?v=s4RCzhdQIVA</a>			
➤ Review orientation – preventing retained surgical items – Power Point			
Video – Sentinel Event: Counting instruments to prevent RSIs – Retrieved from <a href="https://youtu.be.com/watch?v=GCMFnaVIEA&amp;feature=youtu.be">https://youtu.be.com/watch?v=GCMFnaVIEA&amp;feature=youtu.be</a>			
Activity – Skills lab –orientation instrument, sponge, sharps skills lab			
Video – Preventing Retained Surgical Items – Retrieved from <a href="http://cine-med.com/index.php?nav=aom&amp;id=1952">http://cine-med.com/index.php?nav=aom&amp;id=1952</a>			
Additional resources			
➤ Review Lippincott Procedures – Preventing retained instruments, OR – Retrieved from <a href="http://procedures.lww.com/lmp/view.do?pld=1406344&amp;s=q">http://procedures.lww.com/lmp/view.do?pld=1406344&amp;s=q</a>			
➤ Review Lippincott Procedures – Preventing retained sponges, OR – Retrieved from			

<a href="http://procedures.lww.com/lnp/view.do?pId=1406346&amp;s=q">http://procedures.lww.com/lnp/view.do?pId=1406346&amp;s=q</a>			
<ul style="list-style-type: none"> <li>✚ Review Lippincott Procedures – Preventing retained sharps, OR – Retrieved from <a href="http://procedures.lww.com/lnp/view.do?pId=1406345&amp;s=q">http://procedures.lww.com/lnp/view.do?pId=1406345&amp;s=q</a></li> </ul>			
CNE/CPS/Mentor – provide time to answer questions or concerns			
<ul style="list-style-type: none"> <li>• <b>Skin Prep</b></li> </ul>			
Video – Chloraprep 26 ml applicator in-service video – Retrieved from <a href="https://www.youtube.com/watch?v=dWpkj_cF8ys">https://www.youtube.com/watch?v=dWpkj_cF8ys</a>			
<ul style="list-style-type: none"> <li>➤ Assesses skin prior to skin prep &amp; documents appropriately</li> <li>➤ Identifies and uses appropriate skin prep solutions</li> </ul>			
Activity –orientation Skin prep skills lab			
CNE/CPS/Mentor – provide time to discuss comments or concerns			
<ul style="list-style-type: none"> <li>• <b>Specimens</b></li> </ul>			
<ul style="list-style-type: none"> <li>• Review AORN (2015) Guidelines for Specimen management – Retrieved from <a href="http://www.aornstandards.org/content/1/SEC22.body">http://www.aornstandards.org/content/1/SEC22.body</a></li> <li>• Review policy – Specimens: Preparation, care, and handling – Retrieved from</li> <li>• Accurately labels specimens using employee #s of both RN &amp; CST per policy</li> <li>• Knowledgeable of assorted specimen size containers &amp; biohazard bags</li> </ul>			
<ul style="list-style-type: none"> <li>• <b>Sterilization &amp; Disinfection</b></li> </ul>			
Activity – Schedule 1 to 2 days in Sterile Processing Department			
<ul style="list-style-type: none"> <li>✚ Identify instruments</li> <li>✚ Put trays together</li> </ul>			
Identify sterilization methods			
<ul style="list-style-type: none"> <li>✚ Ethylene Oxide (ETO)</li> <li>✚ Steam Sterilization (autoclave)</li> <li>✚ Sterrad (Hydrogen peroxide)</li> </ul>			
Identify chemical used to clean floors (Expose)			
Activity –Orientation sterilization skills lab			

## Appendix G: Learning Needs Assessment Tool—Clinical Advisors

### Learning Needs Assessment for Perioperative RN Preceptor/Clinical Advisors

This is a self-assessment and learning needs assessment tool to assist in the development of a preceptor/clinical advisor program to meet the needs of the perioperative RN preceptors/clinical advisors in the operating room. As a preceptor/clinical advisor, you are serving an important job in teaching new RN staff to our department. ***We cannot do this without your help! Your participation is greatly appreciated.***

**Please complete this assessment and return to Esther Johnstone, CNE by**

**March 15, 2015**

Demographics					
1. What is your highest level of education in nursing?	Diploma	Associate of nursing degree	Bachelor of science in nursing	Bachelor of science in another field	Advanced Education at the graduate level in nursing
2. How long have you been an RN?	0-1 yr	1-3 yrs	3-5 yrs	5-10yrs	10-15 yrs
3. What is your preferred method of learning?	Hands on or role demonstration	Computer based	Viewing educational Videos	Reading Printed handouts & power point presentations	Lecture and discussion
4. How long have you been practicing as a perioperative RN?	0 – 11 months	1 year – 2 years	2-5 years	5 – 10 years	> than 11 years

Do you feel you possess the following qualities to serve as a preceptor/clinical advisor for new staff in the operating room? Please circle your answer(s):

1. People skills	<ul style="list-style-type: none"> <li>▪ Demonstrate interest</li> <li>▪ Displays positive outlook</li> <li>▪ Demonstrates empathy</li> <li>▪ Ability to resolve conflict</li> </ul>	<ul style="list-style-type: none"> <li>▪ Ability to sustain enthusiasm</li> <li>▪ Exhibits active listening skills</li> <li>▪ Provides meaningful feedback</li> <li>▪ Handles stressful situations in a positive manner</li> </ul>
2. Clinical Skills: RNs should have a minimum of two years clinical experience in an OR setting:(preferred, however relates to staffing needs and orientees)	<ul style="list-style-type: none"> <li>• Demonstrates clinical competence</li> <li>• Delegates effectively</li> <li>• Utilizes resources</li> </ul>	<ul style="list-style-type: none"> <li>• Articulates/demonstrates clinical decision making/problem solving strategies/critical thinking skills</li> <li>• Demonstrates organizational skills</li> <li>• Understands scientific rationale for practice</li> </ul>
3. Teaching skills:	<ul style="list-style-type: none"> <li>❖ Ability to assess learning needs</li> <li>❖ Develops measurable performance goals</li> <li>❖ Communicates effectively with orientee</li> <li>❖ Displays openness to discussion</li> <li>❖ Provides constructive feedback</li> </ul>	<ul style="list-style-type: none"> <li>❖ Applies adult learning principles</li> <li>❖ Objectively evaluates progress</li> <li>❖ Commits to orientation process/plan</li> </ul>

This is a self-assessment and learning needs assessment tool relating to competencies required to provide quality perioperative nursing services. This will help to guide, develop, and plan your perioperative preceptor/clinical advisor needs to provide the best learning experiences for our new novice RNs during their orientation program. Please answer each question honestly and to the best of your ability.

Rating Scale:

**No = No** – I do not have adequate knowledge or skills, nor do I feel confident to meet the requirements of this competency

**YB= Yes, but** – I know enough or can do this competency if I had to; however I am not confident doing so and would like to learn how to do it better. I need to improve my knowledge, skills, attitudes and critical judgments

**YS=Yes** – I have the knowledge, skills, attitudes, and judgments to adequately meet all the requirements for this competency. I function independently, providing high quality nursing health services and patient care.

**NA = Not applicable** – This competency does not apply to me; it may be outside my legislated scope of practice, or not part of my current practice.

This is a self-assessment to help identify your learning needs, so be honest and specific. No one will see the results of your self assessments (unless you decide to share them).

**Please check the answer that applies using the rating scale as a guide:**

	<b>Competency</b>	<b>No</b>	<b>YB</b>	<b>YS</b>	<b>NA</b>
1.	Demonstrates knowledge of professional obligation to share knowledge, skills, and expertise with new RN staff in the role of the RN in perioperative nursing practice				
2.	Demonstrates ability to seek opportunities to teach & mentor fellow RNs				
3.	Articulates & promotes the role of the perioperative RN circulator				
4.	Contributes to an environment that is conducive to learning				
5.	Shares knowledge & skills by mentoring, supporting, & providing feedback				
6.	Demonstrates willingness to serve as a preceptor or clinical advisor to new RN staff				
7.	Demonstrates knowledge of professional ability when mentoring new RN staff				
8.	Provides appropriate support (caring, nonjudgmental, & positive demeanor)				

9.	Provides guidance & supervision as necessary				
10.	Acts as a role model for professional behavior				
11.	Demonstrates knowledge & ability to assign, educate, new RN staff following policies & procedures				
	<b><i>Demonstrates ability to recognize the need for ensuring competence &amp; support through</i></b>				
12.	Teaching				
13.	Written instructions				
14.	Direct supervision				
15.	Indirect supervision				
16.	Demonstrate ability to clearly communicate to the new RN staff member, expectations & outcomes in concise & measurable terms				
17.	Demonstrates ability to encourage feedback & communication from new staff RN				
18.	Demonstrates ability to evaluate results of new staff RN by				
19.	Ongoing communication				
20.	Surgical patient's response & outcomes				
21.	Adjustments to patient's plan of care				
22.	Evaluation of reporting & documentation progress of new RN				
23.	Member of AORN				
24.	Knowledgeable of hospital policies & procedures for the perioperative RN				
25.	Recognizes & validates the value of perioperative nursing practice for the RN circulator as endorsed by AORN				
26.	Acts as a patient advocate – speak up on patient's behalf (break in sterile technique, carry out patient's wishes,				



	etc.)				
27.	I have the knowledge & ability to provide perioperative nursing practice to patients' undergoing surgical & other invasive procedures				
28.	I have the knowledge & ability to apply critical thinking & clinical judgment in the perioperative RN role				
29.	I can perform the circulating RN role in the preparation of the operating room				
30.	I know how to maintain asepsis or sterile technique in the operating room				
31.	I can teach how to aseptically insert a urinary catheter to prevent CAUTIs				
32.	I can deliver medications in an aseptic manner during the intraoperative phase per policy				
33.	I am knowledgeable of the policies & procedures relating to the operating room				
34.	I can assist the anesthetist with intubation & extubation				

## Appendix H: Data From Learning Needs Assessment Tool—Clinical Advisors

Competency	NO	YB	YS	NA
1 Demonstrates knowledge of professional obligation to share knowledge, skills, and expertise with new RN staff in the role of the RN in perioperative nursing practice			16	
2 Demonstrates ability to seek opportunities to teach & mentor fellow RNs			15	1
3 Contributes to an environment that is conducive to learning			15	1
4 Shares knowledge & skills by mentoring, supporting, & providing feedback			16	
5 Demonstrates willingness to serve as a preceptor or clinical advisor to new RN staff		1	15	
6 Demonstrates knowledge of professional ability when mentoring new RN staff			15	
7 Provides appropriate support (caring, nonjudgmental, & positive demeanor)		1	15	
8 Provides guidance & supervision as necessary		1	15	
9 Acts as a role model for professional behavior		1	15	
10 Demonstrates knowledge & ability to assign, educate, new RN staff following policies & procedures		2	14	
11 Teaching		1	15	
12 Written instructions		3	12	1
13 Direct supervision			15	1
14 Indirect supervision			15	1
15 Demonstrate ability to clearly communicate to the new RN staff member, expectations & outcomes in concise & measurable terms		1	15	
16 Demonstrates ability to encourage feedback & communication from new staff RN			16	
17 Demonstrates ability to evaluate results of new staff RN by ongoing communication		1	15	
18 Surgical patient's response & outcomes		1	14	1
19 Adjustments to patient's plan of care		1	15	
20 Evaluation of reporting & documentation progress of new RN		1	15	
21 Member of AORN	11		3	2
22 Knowledgeable of hospital policies & procedures for the perioperative RN				
24 Recognizes & validates the value of perioperative nursing practice for the RN circulator as endorsed by AORN		1	15	
25 Acts as a patient advocate – speak up on patient's behalf (break in sterile technique, carry out patient's wishes, etc.)		1	15	
25 I have the knowledge & ability to provide perioperative nursing practice to patients' undergoing surgical & other invasive procedures			16	
26 I have the knowledge & ability to apply critical thinking & clinical judgment in the perioperative RN role			16	
27 I can perform the circulating RN role in the preparation of the operating room		1	15	
28 I know how to maintain asepsis or sterile technique in the operating room		1	15	
29 I can teach how to aseptically insert a urinary catheter to prevent CAUTIs			16	
30 I can deliver medications in an aseptic manner during the intraoperative phase per policy			16	
31 I am knowledgeable of the policies & procedures relating to the operating room			16	

(Learning Nurse Resource Network, 2015)  
(Johnstone, 2015)

## Appendix I: Learning Nurse Website Approval Letter—Learning Needs Assessment

Russell Sawchuk <russ@steppingstones.ca>

Hi Esther,

Permission granted. This application falls within the terms of use for the contents on our site.

Best of success with the learning needs assessment tool.

Regards,

Russell  
Learning Nurse

At 05:53 PM 2015-08-04, you wrote:

>This is an enquiry email via <http://www.learningnurse.org/> from:  
>Esther Johnstone <  
>Need permission to make sure it is okay that I developed a learning  
>needs assessment tool for novice perioperative nurses and experienced  
>perioperative preceptors.  
>Please don't hesitate to contact me at (work #) or email -  
>  
>thank you!  
>  
>Sincerely,  
>Esther Johnstone, MSN, RN, CNOR

## Appendix J: Clinical Advisor Training

### Objectives

1. Transition an experienced perioperative RN into the role of clinical advisor
2. Develop a clinical advisor who supports the learning experience of novice RNs to the perioperative nursing setting
3. Develop and understand adult learning styles to facilitate learning of the novice RN
4. Act as a role model by demonstrating professionalism and commitment to the profession
5. Increase knowledge of clinical advisor to the guidelines of the Association of periOperative Registered Nurses (AORN).

<b>1) Perioperative Clinical Advisor Training Program</b>	<b>Date</b>	<b>CNE/ CPS Initials</b>	<b>Completed &amp;/or feedback by Periop RN Clinical Advisor</b>
Introduction to the Periop Clinical Advisor Training Program			
❖ Discuss role & qualifications to be a periop clinical advisor			
➤ Discuss & engage potential periop clinical advisors why they want to be a clinical advisor			
<b>2) Perioperative clinical advisor training</b>			
▪ Provide & distribute role description for perioperative clinical advisor training			
➤ Present perioperative clinical advisor/preceptor training power point			
➤ Discuss various methods of adult learning principles			
➤ Discuss constructive feedback			
➤ Discuss destructive feedback			
➤ Verify with periop RNs if they agree with the role description to sign it			
➤ Collect signed role descriptions			
➤ Provide time for questions and answers			
<b>3) Activity</b>			
🎯 Engage the periop RN with role play			
❖ Pair up RNs into groups of two to four			
❖ Provide examples of providing both positive and negative feedback			
❖ Role play to practice providing constructive feedback			
❖ Role play to practice providing destructive feedback			
<b>4) Provide Periop RNs with current RN competency verification documentation</b>			
• Distribute “The Effective Preceptor Handbook for Nurses” pocket booklet upon completion of the program			
<b>5) Discuss &amp; demonstrate location of AORN (2015) Guidelines for perioperative practice</b>			

6) Provide time for questions, suggestions, & answers			
7) Provide evaluation of training program			
Tentative length of program 1-2 hours			

## Appendix K: Clinical Advisor Role Description

**The role of the perioperative Registered Nurse (RN) clinical advisor (preceptor) in the operating room is to:**

- Actively facilitate the learning/teaching process
- Provide validation of competence of novice RNs (newly licensed & RNs new to perioperative nursing) to the perioperative nursing setting
- Maintain contact and support the perioperative novice RN (up to 6 months to 1 year)

**A clinical advisor (preceptor) should possess the following qualities**

- Experience as a perioperative RN (should have 2 years of experience in the OR, however, minimum 1 year acceptable based on recommendation of supervisor/manager)
- Communicates effectively
- Commits to orient new nurses
- Demonstrates clinical competence
- Demonstrates critical thinking skills
- Demonstrates positive attitude
- Knowledge of, supports, and adheres to the Association of periOperative Registered Nurses (AORN) guidelines for perioperative nursing practice

**The perioperative RN clinical advisor/preceptor is responsible for:**

- Assisting the novice RN with socialization to the operating room unit
- Acts as a role model for patient and family centered care, critical thinking or problem solver, resource utilization, and professional behavior
- Collaborating with the Clinical Nurse Educator (RN – CNE), Nurse Supervisor (NS), and/or Nurse Manager (NM), to individualize the novice RN to the operating room setting
- Demystify, humanize, and personalize the orientation process for the novice/orientee.
- Documents &/or validates the clinical competencies of the novice RN by using the Perioperative Services Operating Room RN Competency Verification Documentation Plan (as appropriate)
- Maintains contact with novice/orientee, and provides support to novice RN. This is a commitment to promote retention to novice/orientees
- Meet bi-monthly with the novice and as needed, with CNE, NS, &/or NM to evaluate novice's performance and progress, and to update the orientation plan.
- Providing encouragement and information for professional development of novice RNs through memberships, certifications, and continuing education opportunities
- Provides feedback (written and verbal) to the novice/orientee that is balanced, specific, and timely
- Provides written documentation of novice RN's progress on the following forms
  - Periop Progressive Orientation Phase II RN
  - Periop Routine Collaboration Meeting
  - Periop Orientation Close Out

**I have read and understand the above role description for the perioperative RN clinical advisor:**

Date: \_\_\_\_\_

Perioperative RN Clinical Advisor Signature

Date: \_\_\_\_\_

Perioperative RN Clinical Nurse Educator Signature

## Appendix L: RN Surgical Skills Assessment Tool

**Registered Nurse Surgical Skills Assessment**

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 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
<i>PERIOPERATIVE RN ASSESSMENT SKILLS</i>				
Performs accurate assessment of patient by				
Correct Patient Identity				
1. Verifies patient name				
2. Verifies patients' DOB				
Professional Patient Interview				
1. AIDET when interacting with patient & family				
2. AIDET when interacting with surgeon/team members				
Assess cognitive level of patient				
Proper signed consent				
Is patient able to sign consent				
Familiar with need for inability to consent				
Questions answered for patient				
<i>ACTS AS PATIENT ADVOCATE</i>				
Ability to speak up on behalf of the benefit of the patient as patient is unable to speak when intubated, sedated, & anesthetized,				
Safety Advocate				
Surgical conscience to maintain sterility				
Speak up on behalf of the patient's &/or families wishes				
<i>PATIENT SAFETY</i>				
<b>PREVENTS WRONG SITE SURGERY, WRONG PROCEDURE, WRONG PATIENT SURGERY</b>				
Correct Patient Identity				
Correct Surgical/Operative procedure				
Verifies surgical site				
Implements & participates in TJC Universal Protocol/WHO Surgical Safety Checklist/ policy/Time Out				
<b>PREVENTION OF RETAINED INSTRUMENTS</b>				
Complies with GHS count policy				
Knowledgeable of initial/relief/final counts				
Ability to speak up with break in counts				
Maintains accurate sharp/sponge/instrument counts				



Maintains accurate sharp/sponge/instrument counts per policy/AORN perioperative standards				
Electrosurgical Safety				
Knowledge of and Prevention of potential of burns				
Proper application of ESU grounding pad				
Safe positioning – uses devices to prevent nerve damage etc				
Applies Safety Belt				
Safe prep techniques – place barriers to prevent pooling of solutions				
Potential for fire triangle – flammables, bovie, alcohol, O2				
<i>INFECTION PREVENTION</i>				
Practice Aseptic technique				
Practice hand hygiene				
Proper surgical attire				
Surgical hand scrub				
Diligent observation/maintain sterile field				
Proper skin preps – Sterile gloves/barriers to prevent pooling of solution				
Standard precautions				
Verification of the sterilization process				
Develop surgical conscience				
Aseptic insertion of urinary catheter (prevent CAUTI)				
<i>EMERGENCIES</i>				
Cardiac Arrest/Codes				
Complications of surgery				
Latex Allergy				
Malignant Hyperthermia				
Trauma				
<i>CLINICAL AIRWAY ASSESSMENT SKILLS</i>				
Assist CRNA/MDA during induction				
Assist CRNA/MDA during emergence				
Ready & available to assist in airway emergencies – Difficult intubation				
Operates/knowledgeable of Defibrillators/AEDs				
Verify blood products				
<i>COMPLIES WITH ACCURATE CHARGES FOR SURGICAL SUPPLIES</i>				
Comply with Corporate Compliance standards for patient				
Accurate supplies/items charged for surgical procedures				
<i>DOCUMENTATION</i>				
Maintains accurate intraoperative electronic health record for legal, communication, and insurance purposes				
Navigate through Soarian				
Familiar with GE ORMIS/Clin Doc				
Consent signed				
Completes SBAR				
Documents serial #s of equipment				
Electrosurgical (ESU) units				
Monopolar				

Bipolar				
Tourniquets				
<i>QUALITY IMPROVEMENT &amp; PATIENT SATISFACTION</i>				
Knowledgeable of Press Ganey scores				
HCAPS scores				

(Johnstone, 2015)

## Appendix M: Data From RN Surgical Skill Assessment Tool

1. ACCURATE ASSESSMENT - Verifies Patient Name				
	No experience	Minimal experience	Moderate experience	Extensive experience
PRE			3	2
POST				5
2. Verifies patient's DOB				
	No experience	Minimal experience	Moderate experience	Extensive experience
PRE			2	3
POST				5
3. PROFESSIONAL PATIENT INTERVIEW - AIDET when interacting with patient & family				
	No experience	Minimal experience	Moderate experience	Extensive experience
PRE			3	2
POST				5
4. AIDET when interacting with surgeon/team members				
	No experience	Minimal experience	Moderate experience	Extensive experience
PRE			3	2
POST				5
5. ASSESS COGNITIVE LEVEL OF PATIENT - Proper signed consent				
	No experience	Minimal experience	Moderate experience	Extensive experience
PRE			3	2
POST				5
6. Is patient able to sign consent				
	No experience	Minimal experience	Moderate experience	Extensive experience
PRE			4	1
POST				5
7. Familiar with need for inability to consent				
	No experience	Minimal experience	Moderate experience	Extensive experience
PRE			4	1
POST				5
8. Questions answered for patient				
	No experience	Minimal experience	Moderate experience	Extensive experience
PRE			4	1
POST				5

<b>9. ACTS AS PATIENT ADVOCATE - Ability to speak up on behalf of the benefit of the patient as patient is unable to speak when intubated, sedated, &amp; anesthetized,</b>				
	No experience	Minimal experience	Moderate experience	Extensive experience
PRE		1	2	2
POST				5
<b>10. Safety Advocate</b>				
	No experience	Minimal experience	Moderate experience	Extensive experience
PRE			2	3
POST				5
<b>11. Surgical conscience to maintain sterility</b>				
	No experience	Minimal experience	Moderate experience	Extensive experience
PRE	1	3	1	
POST				5
<b>12. Speak up on behalf of the patient's &amp;/or families wishes</b>				
	No experience	Minimal experience	Moderate experience	Extensive experience
PRE		1	1	3
POST				5
<b>13. PATIENT SAFETY PREVENTS WRONG SITE SURGERY, WRONG PROCEDURE, WRONG PATIENT SURGERY - Correct Patient Identity</b>				
	No experience	Minimal experience	Moderate experience	Extensive experience
PRE			2	3
POST				5
<b>14. Correct Surgical/Operative procedure</b>				
	No experience	Minimal experience	Moderate experience	Extensive experience
PRE			2	2
POST				5
<b>15. Verifies surgical site</b>				
	No experience	Minimal experience	Moderate experience	Extensive experience
PRE		1	1	2
POST				5
<b>16. Implements &amp; participates in TJC Universal Protocol/ WHO Surgical Safety Checklist/GHS policy/Time Out</b>				
	No experience	Minimal experience	Moderate experience	Extensive experience
PRE	1		2	1

---

POST				5
17. PREVENTION OF RETAINED INSTRUMENTS - Complies with GHS count policy	No experience	Minimal experience	Moderate experience	Extensive experience
PRE	1	1	2	1
POST				5
18. Knowledgeable of initial/relief/final counts	No experience	Minimal experience	Moderate experience	Extensive experience
PRE	1		3	1
POST				5
19. Ability to speak up with break in counts	No experience	Minimal experience	Moderate experience	Extensive experience
PRE	1		2	2
POST				5
20. Maintains accurate sharp/sponge/instrument counts	No experience	Minimal experience	Moderate experience	Extensive experience
PRE	1		3	1
POST				5
21. AORN STANDARDS - Electrosurgical Safety Knowledge of and Prevention of potential of burns	No experience	Minimal experience	Moderate experience	Extensive experience
PRE	1	1	3	
POST				5
22. Proper application of ESU grounding pad	No experience	Minimal experience	Moderate experience	Extensive experience
PRE	2		2	1
POST				5
23. SAFE POSITIONING – uses devices to prevent nerve damage	No experience	Minimal experience	Moderate experience	Extensive experience
PRE	2		2	1
POST			1	4
24. Applies Safety Belt	No experience	Minimal experience	Moderate experience	Extensive experience
PRE	1		2	2
POST				4
25. SAFE PREP TECHNIQUES – place barriers to prevent pooling of				

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solutions				
	No experience	Minimal experience	Moderate experience	Extensive experience
PRE	2	3		
POST			1	4
26. Potential for fire triangle – flammables, bovie, alcohol, O2				
	No experience	Minimal experience	Moderate experience	Extensive experience
PRE	1	4		
POST				5
27. INFECTION PREVENTION – Practice aseptic technique				
	No experience	Minimal experience	Moderate experience	Extensive experience
PRE		1	3	1
POST				5
28. Proper surgical attire				
	No experience	Minimal experience	Moderate experience	Extensive experience
PRE	1		2	2
POST				5
29. Surgical hand scrub				
	No experience	Minimal experience	Moderate experience	Extensive experience
PRE	2	2	1	
POST				4
30. Diligent observation/maintain sterile field				
	No experience	Minimal experience	Moderate experience	Extensive experience
PRE	1		3	1
POST				4
31. Proper skin preps – Sterile gloves/barriers to prevent pooling of solution				
	No experience	Minimal experience	Moderate experience	Extensive experience
PRE	2	1	1	1
POST				5
32. Verification of the sterilization process				
	No experience	Minimal experience	Moderate experience	Extensive experience
PRE	1	3	1	
POST				5
33. Develop surgical conscience				
	No experience	Minimal experience	Moderate experience	Extensive experience

		experience	experience	experience
PRE	1	3	1	
POST				5
34. EMERGENCIES - Cardiac Arrest/Codes				
		No experience	Minimal experience	Moderate experience
				Extensive experience
PRE	3		2	
POST		1	3	1
35. Complications of surgery				
		No experience	Minimal experience	Moderate experience
				Extensive experience
PRE	3		2	
POST			3	2
36. Latex allergy				
		No experience	Minimal experience	Moderate experience
				Extensive experience
PRE	2	1	1	1
POST			1	4
37. Malignant Hyperthermia				
		No experience	Minimal experience	Moderate experience
				Extensive experience
PRE	5			
POST		2	1	2
38. Trauma				
		No experience	Minimal experience	Moderate experience
				Extensive experience
PRE	4	1		
POST				
39. CLINICAL AIRWAY ASSESSMENT SKILLS - Assist CRNA/MDA during induction				
		No experience	Minimal experience	Moderate experience
				Extensive experience
PRE	1	3		
POST				5
40. Assist CRNA/MDA during emergence				
		No experience	Minimal experience	Moderate experience
				Extensive experience
PRE	3	1		
POST			3	2
41. Ready & available to assist in airway emergencies – Difficult intubation				
		No experience	Minimal experience	Moderate experience
				Extensive experience
PRE	2	1	2	

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POST			1	4
42. Operates/knowledgeable of Defibrillators/AEDs		No experience	Minimal experience	Moderate experience
				Extensive experience
PRE	1	1	3	
POST			2	3
43. Verifies blood products		No experience	Minimal experience	Moderate experience
				Extensive experience
PRE	1	1	3	
POST				5
44. COMPLIES WITH ACCURATE CHARGES FOR SURGICAL SUPPLIES - Comply with Corporate Compliance standards for patient		No experience	Minimal experience	Moderate experience
				Extensive experience
PRE	2		2	1
POST				5
45. Accurate supplies/items charged for surgical procedures		No experience	Minimal experience	Moderate experience
				Extensive experience
PRE	2	1	2	
POST				5
46. DOCUMENTATION - Maintains accurate intraoperative electronic health record for legal, communication, and insurance purposes		No experience	Minimal experience	Moderate experience
				Extensive experience
PRE	2	1	2	
POST				5
47. Navigate through Soarian		No experience	Minimal experience	Moderate experience
				Extensive experience
PRE	2			3
POST				4
48. Familiar with GE ORMIS/Clin Doc		No experience	Minimal experience	Moderate experience
				Extensive experience
PRE	5			
POST				5
49. Consent signed		No experience	Minimal experience	Moderate experience
				Extensive experience
PRE			1	4
POST				5
50. Completes SBAR				

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		No experience	Minimal experience	Moderate experience	Extensive experience
PRE	2				3
POST					5
51. Documents serial #s of equipment					
		No experience	Minimal experience	Moderate experience	Extensive experience
PRE	2		1	2	
POST					5
52. Electrosurgical (ESU) units - monopolar					
		No experience	Minimal experience	Moderate experience	Extensive experience
PRE	2		1	2	
POST					5
53. Tourniquets					
		No experience	Minimal experience	Moderate experience	Extensive experience
PRE	5				
POST					5
54. QUALITY IMPROVEMENT & PATIENT SATISFACTION - Knowledgeable of Press Ganey scores					
		No experience	Minimal experience	Moderate experience	Extensive experience
PRE	3		2		
POST				2	3
55. HCAPS scores					
		No experience	Minimal experience	Moderate experience	Extensive experience
PRE	2		3		
POST				2	3

## Appendix N: Cumulative Totals—RN Surgical Skill Assessment Tool

	First category	Second category	Third category	Fourth category
	No experience	Minimal Experience	Moderate Experience	Extensive experience
PRE (264)	77	45	86	56
POST (260)	0	3	20	237

## Appendix O: Walden Pre-IRB Approval

10/2/2015

Dear Ms. Johnstone,

This email is to notify you that the Institutional Review Board (IRB) confirms that your proposed study procedures for, "Perioperative Orientation, Education, and Mentoring (POEM) Program," meet Walden University's ethical standards. Our records indicate that *System Main Medical Campus* has agreed to oversee this data collection. Since this study will serve as a Walden doctoral capstone, the Walden IRB will oversee your capstone data analysis and results reporting. This Confirmation of Ethical Standards (CES) has an IRB record number of 10-02-15-0451833.

Please note that you will need to submit documentation of approval from the *System Main Medical Campus* once obtained.

This confirmation is contingent upon your adherence to the exact procedures described in the final version of the documents that have been submitted to [IRB@waldenu.edu](mailto:IRB@waldenu.edu) as of this date. This includes maintaining your current status with the university and the oversight relationship is only valid while you are an actively enrolled student at Walden University. If you need to take a leave of absence or are otherwise unable to remain actively enrolled, this is suspended.

If you need to make any changes to your procedures, you must obtain IRB approval by submitting the IRB Request for Change in Procedures Form. You will receive confirmation with a status update of the request within 10 business days of submitting the change request form and are not permitted to implement changes prior to receiving approval. Please note that Walden University does not accept responsibility or liability for research activities conducted without the IRB's approval, and the University will not accept or grant credit for student work that fails to comply with the policies and procedures related to ethical standards in research.

When you submitted your IRB materials, you made a commitment to communicate both discrete adverse events and general problems to the IRB within 1 week of their occurrence/realization. Failure to do so may result in invalidation of data, loss of academic credit, and/or loss of legal protections otherwise available to the researcher.

Both the Adverse Event Reporting form and Request for Change in Procedures form can be obtained at the IRB section of the Walden web site:

<http://researchcenter.waldenu.edu/Application-and-General-Materials.htm>

Researchers are expected to keep detailed records of their research activities (i.e., participant log sheets, completed consent forms, etc.) for the same period of time they retain the original data. If, in the future, you require copies of the originally submitted IRB materials, you may request them from Institutional Review Board.

Both students and faculty are invited to provide feedback on this IRB experience at the link below:

[http://www.surveymonkey.com/s.aspx?sm=qHBJzkJMUx43pZegKlmdiQ\\_3d\\_3d](http://www.surveymonkey.com/s.aspx?sm=qHBJzkJMUx43pZegKlmdiQ_3d_3d)

Sincerely,

Libby Munson

Research Ethics Support Specialist

Office of Research Ethics and Compliance

Walden University

100 Washington Avenue South, Suite 900

Minneapolis, MN 55401

Phone: [\(612\) 312-1283](tel:6123121283)

Fax: [\(626\) 605-0472](tel:6266050472)

Information about the Walden University Institutional Review Board, including instructions for application, may be found at this link:

<http://academicguides.waldenu.edu/researchcenter/orec>

Appendix P: *System IRB* Approval

November 6, 2015

Esther Johnstone, MSN

**RE: IRB File # Pro000047252**

**Study Title:** Perioperative Orientation, Education, and Mentoring (POEM) Program

**Items Submitted for IRB Review:** Study Protocol; Questionnaires; Consent Form

Dear Ms. Johnstone:

On November 6, 2015, the Medical Director of the Institutional Review Board/Committee-B (IRB) of the *System* reviewed the above-mentioned items that were presented for expedited approval. Expedited approval was given for one year.

**Your study will expire on November 5, 2016. It is the investigator's responsibility to make sure the proper reapproval information is submitted to the IRB.** This information must be submitted to the IRB in **October 2016.**

Please keep in mind the following requirements of the Institutional Review Board:

1. All applicable participants must sign a copy of the attached IRB-stamped "approved" consent form before they  
can be enrolled in the interventional part of this study.
2. Only the principal investigator or co-investigator can obtain consent from the participant.
3. The participant must sign and date the consent form in the presence of a witness.
4. A report to the IRB is required at the end of the approved time period giving the results of the participants  
involved in the study, the status of the study and whether or not renewed approval is desired.
5. Immediate notification must be sent to the IRB of any advertisements, modification of the Form 1572, as well as  
all revisions, changes, or amendments to the protocol or consent form.
6. Notification must be sent to the IRB within five (5) working days of any events required to be reported by the  
ORCA Policy HRPP Number 16.01.
7. The investigator must be sure that all consent forms are signed, dated and witnessed and placed in the participant's study record prior to study participation. The original should be retained in the participant's study  
record at the clinical research site. Case histories (patient charts/records) will also document that  
Informed

Consent was obtained prior to the subject's participation in the study.

8. A signed copy of the consent form must be given to the person signing the form and a copy placed in the medical record if the study involves any type of hospital stay.

The IRB has written procedures for the initial and continuing review of research studies; prepares written minutes of convened meetings; and retains records pertaining to the review and approval process. This is done in compliance with requirements defined in the Code of Federal Regulations (21 CFR Parts 50, 56, 312 and 812; 45 CFR Parts 46 and 164) and ICH (International Conference on Harmonisation) guidance relating to GCP (Good Clinical Practice).

Thank you for your assistance in this matter. Should you have any questions, please do not hesitate to call the IRB office at (864) 455-4360.

Sincerely,

C. W. MD, Medical Director  
Institutional Review Board / Committee-B

CCW/gh

## Appendix Q: Walden University IRB Approval

11/20/2015

Dear Ms. Johnstone,

This email confirms receipt of the approval letter for the community research partner. As such, you are hereby approved to conduct research with this organization.

Congratulations!

Libby Munson  
Research Ethics Support Specialist, Office of Research Ethics and Compliance

Leilani Endicott  
IRB Chair, Walden University

Information about the Walden University Institutional Review Board, including instructions for application, may be found at this link:  
<http://academicguides.waldenu.edu/researchcenter/orec>

Congratulations! Your Walden Institutional Review Board application has been approved. As such, you are approved by Walden University to proceed to the final study.

If you have questions about the final study process, please contact [dnp@waldenu.edu](mailto:dnp@waldenu.edu).

Appendix R: *System*-Approved Consent Form**CONSENT TO PARTICIPATE IN A RESEARCH STUDY****Perioperative Orientation, Education, and Mentoring (POEM) Program**

**Study to be Conducted at:**     *System*

**Principal Investigator:**     Esther M. Johnstone, MSN, RN, CNOR

**INTRODUCTION**

You are being asked to participate in a research study. The Institutional Review Board of the *System* has reviewed this study for the protection of the rights of human participants in research studies, in accordance with federal and state regulations. However, before you choose to be a research participant, it is important that you read the following information and ask as many questions as necessary to be sure that you understand what your participation will involve. Your signature on this consent form will acknowledge that you received all of the following information and explanations verbally and have been given an opportunity to discuss your questions and concerns with the principal investigator or a co-investigator.

**PURPOSE**

The purpose of this study is to help you develop skills as a perioperative nurse. This program will support the development to become a competent perioperative RN. You, as a new RN in perioperative services, are being asked to share your experiences and perceptions in a focus group with other novice RNs or you may be asked to share your experiences in a personal interview.

You will be asked to participate in one to five focus group sessions that will consist of interviewing using open ended questions. This will allow you to share your feelings, perceptions, and experiences.

Participation in this study does not affect your job or your relationship with *System* or with any member of the research team.

The principle investigator is conducting this study as part of a doctoral capstone project requirements of Walden University.

It is anticipated that up to 15 participants will be enrolled in this study.

**PROCEDURES**

The focus group session or interview will be led by the principal investigator who will ask open ended questions to give you an opportunity to express your thoughts and whatever you would like to share. There will be another person who is a member of the research team who will just observe the session and take notes. The session will also be voice recorded. The written notes from the session, as well as the voice recording will then be transcribed so we can reflect on all that has been stated during the session. The focus group is expected to take up to two hours each. The information that you share during each focus



group session will not identify you in any way. Your name or personal identifying information will not be used. The responses will all be grouped together to learn more about what RNs going through the POEM are experiencing.

**POSSIBLE RISKS**

Any treatment has possible side effects. The treatments and procedures used in this study may cause all, some or none of the side effects listed. There is always the risk of very uncommon or previously unknown side effects happening.

**POSSIBLE BENEFITS**

It is not possible to know whether or not you may benefit from participating in this study. The treatment or procedures you receive may even be harmful. The information gained from this study may be used scientifically and may be helpful to others.

**COST TO YOU FOR PARTICIPATING IN THIS STUDY**

There is no cost to you for participating in this study.

The investigators will not be paid above their regular salaries for conducting this study.

**VOLUNTARY PARTICIPATION**

Participation in this study is completely voluntary (your choice). You may refuse to participate or withdraw from the study at any time. If you refuse to participate or withdraw from the study, you will not be penalized or lose any benefits. Your decision will not affect your relationship with your doctor or hospital.

**CONFIDENTIALITY**

Your study records are considered confidential (private), but absolute confidentiality cannot be guaranteed. Information may be kept on a computer. All records may be examined and copied by the Institutional Review Board of the *System*, and other regulatory agencies. This study may result in presentations and publications, but steps will be taken to make sure you are not identified by name.

**CONTACT FOR QUESTIONS**

For more information concerning this study and research-related risks or injuries, or to give comments or express concerns or complaints, you may contact the principal investigator, Esther M. Johnstone, MSN, RN, CNOR,.

You may also contact a representative of the Institutional Review Board of the *System* for information regarding your rights as a participant involved in a research study or to give comments or express concerns, complaints or offer input. You may obtain the name and number of this person by calling.

A survey about your experience with this informed consent process is located at the following website:

<http://www..org/Research-and-Clinical-Trials>



## Appendix S: Approved Qualitative Open-Ended Questionnaire—Novice

1. Can you describe what it feels like as an experienced nurse or newly licensed nurse learning a new nursing specialty?
2. What was your perception of perioperative nursing when you applied for this job?
3. How did you choose perioperative nursing?
4. What do you think perioperative nursing is?
5. What do you think you will like about perioperative nursing?
6. What do you think you will NOT like about perioperative nursing?
7. Can you describe the role of the RN in the operating room setting?
8. How long do you think it will take you to learn the role of the RN in the operating room setting?
9. How does it make you feel when you receive positive feedback?
10. How does it make you feel when you receive constructive suggestions?
11. How do you think you will respond to consistent critiquing of your daily nursing practice?
12. What do you see yourself doing five years from now?

Johnstone, 2015

## Appendix T: Approved Qualitative Open-Ended Questionnaire—RN Clinical Advisors

1. How did you choose perioperative nursing?
2. How long did it take you to be trained in perioperative nursing?
3. Do you understand the role of the perioperative RN as circulator? Please explain
4. What do you like about perioperative nursing?
5. What do you dislike about perioperative nursing?
6. How do you feel being in the role of “clinical advisor” to new RN staff who are not experienced in perioperative nursing?
7. Is it stressful for you when you serve as a clinical advisor?
8. How long do you think it should take for an RN to be trained in perioperative nursing?
9. How does it make you feel when you evaluate the progress of a novice RN?
10. What do you see yourself doing five years from now?
11. Do you enjoy teaching others?
12. What do you dislike about teaching others?

(Johnstone, 2015)

## Appendix U: Qualitative Content Data Analysis—Novice RN

Question 1	
Theme	Subthemes
Learning a new nursing specialty	<p>Feels like going to back to nursing school</p> <p>It is challenging to learn a new specialty</p> <p>At times it has been overwhelming</p>
Back to novice	<p>Good at what you did before and you have to start from square one knowing basically nothing again</p> <p>Felt like an expert, now back to novice. revert back to being new</p>

## Appendix V: Question 2

## Question 2

Theme	Subthemes
Lack of knowledge of the role of the perioperative nurse	I don't think I really had a perception coming into this job
A more dynamic working environment	<p data-bbox="597 543 1403 653">I knew it would be totally different than what I was currently doing. I thought it would be many disciplines working together fascinating , saw a C section while in nursing school</p> <p data-bbox="597 695 1338 762">saw a C section while in nursing school - saw a heart &amp; c section but did not focus on what</p> <p data-bbox="597 804 1349 833">saw a heart &amp; c section - Focused on surgery and not what</p>

## Appendix W: Questions 3, 4, &amp; 5

Theme	Subthemes
Adventurous and open to learning	<p data-bbox="594 401 769 430">I like to learn</p> <p data-bbox="594 474 1333 504">It was something I was interested in when I was in school</p> <p data-bbox="594 510 1395 541">I chose perioperative nursing because I was ready for a change</p>
Patient advocate	<p data-bbox="594 583 1422 688">I think it is being an advocate for the patients as well as making sure the other staff in the room is supported and can do their job to the best of their ability with your assistance”</p> <p data-bbox="594 695 1398 800">knew my job would essentially be as a patient advocate. I also thought that I would be essential to helping cases run smoothly by helping the team get what they need for cases.</p>

## Appendix X: Question 6

Theme	Subthemes
Lack of autonomy	Call – not being able to leave at the end of shift Less autonomy Change in assignments Scheduling



## Appendix Y: Question 7

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Theme	Subthemes
Caring for the patient	Coordinating the room setting up the room Keeping the room organized
Managing the nursing care of the surgical patient	Patient advocate Smooth transition Protecting the patient Anticipate what is needed

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## Appendix Z: Question 8

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Theme	Subthemes
Transitioning from novice to expert	2 years to feel comfortable A while! I've been told a year, but I think it will take longer to actually be comfortable" "I feel that in any specialty it takes a year to fully feel comfortable in what you are doing"
Preceptor dependent	If preceptor lets you do stuff 2 years it varies with preceptor

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## Appendix AA: Question 9

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Theme	Subthemes
Need feedback	yes - feels good to hear positive feedback If they let you know you are doing the right thing yes, positive preceptor has the right temperament, knowledgeable, good rapport with surgeons and staff It makes me feel good to receive positive feedback because it makes me feel like I am doing something right and making progress

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## Appendix BB: Questions 10 &amp; 11

Theme	Subthemes
Open to constructive feedback	yes, appreciate constructive feedback appreciate the constructive feedback I readily welcome constructive criticism because I always want to do my job to the best of my ability and would rather be told how to do something the correct way or a more efficient way.
Delivery of constructive feedback from preceptors	preceptors and teaching different styles it is in the delivery of the feedback depending on the manner in which the criticism is presented I think I will take it and learn from it and try and make myself and my practice better

## Appendix CC: Question 12

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Theme	Subthemes
Remain in role as a perioperative nurse	Outpatient surgery Yes, in surgery Yes, in surgery, I like diversity Back in school I hope to be a better nurse than I am today and be able to teach newer nurses the best practice and be able to help them feel comfortable in their roles.

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## Appendix DD: Qualitative Data Analysis—RN Clinical Advisor, Question 1

Theme	Subthemes
Desire to learn and grow professionally	An opportunity presented itself I needed a change to really figure out where I could see myself being for a long time After graduation I did not want to do floor nursing. I wanted a job in the ER, OR, or ICU. I was offered a job in the OR & I accepted I applied for an operating room position at the hospital

## Appendix EE: Question 2

Theme	Subthemes
Six months	At 5-6 months when I did go out on my own, I was as comfortable 6 months I received 90 days of training as a Heart Team OR RN It took 6 months until I was comfortable on my own. It took at least a year until I felt I was truly a competent circulating nurse

## Appendix FF: Question 3

Theme	Subthemes
Caring for the patient	Gopher, secretary, take care of everyone, patient, control flow of room, communication, safety, therapist to staff, a lot of drama take care of patient, talk to family, Safety of all.
Patient advocate	<p data-bbox="591 512 1365 575">It is the perioperative RN circulator's role to carry out duties outside the sterile field.</p> <p data-bbox="591 581 1419 686">As a circulator (RN) my role is patient advocate (eyes &amp; ears for the patient), care giver, liaison between inside the OR and family of the patient and ensuring good quality care for the patient</p> <p data-bbox="591 693 1435 795">First &amp; foremost you are the patient's advocate. There is probably no place where the patient is more vulnerable than during surgery. We must put their safety &amp; well-being first always</p>



## Appendix GG: Question 4

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Theme	Subthemes
Patient focused	not taking care of the same patient for hours. Taking care of the patient I like taking care of the patient and family. The fact that you only deal with one patient at a time. It allows me to give all of my focus to 1 patient. I love the fact I only get one patient at a time, they are anesthetized & they can't bring their family

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## Appendix HH: Question 5

Theme	Subthemes
Lack of control	The call Staffing shortages Pushed so much to go fast all the time Attitudes

## Appendix II: Question 6

Theme	Subthemes
Being a teacher	<p>I enjoy teaching</p> <p>I like to share information, not hoard or not share information. I don't like to keep secrets.</p> <p>New RN's to the OR are my favorite to train because I have been in their shoes before. I feel as if I can relate to them better</p>
Increase in job satisfaction	<p>I feel like a teacher setting an example for the student. I enjoy teaching new RNs because this type of nursing is like nothing else.</p> <p>I love teaching new nurses. I think the clinical advisor has the greatest impact on how well a new orientee will perform as a circulator</p>

## Appendix JJ: Question 7

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Theme	Subthemes
Not stressful	No it is not stressful for me It's not stressful being a clinical advisor Sometimes it gets stressful if the case is difficult and the patient has complications I get very frustrated with those who show disinterest or who are lazy.

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## Appendix KK: Question 8

Theme	Subthemes
Six months	6 months I think it should be at least 6 months I think new Perioperative nurses should get 6 months minimum 4 months, depending on the person I think with most nurses 6 months of a well-organized orientation is long enough to begin circulating on their own.

## Appendix LL: Question 9

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Theme	Subthemes
Increase in job satisfaction	It feels good to see someone I helped to train, running a room by themselves Feels good to watch someone who is eager to learn and grow It makes me proud to evaluate the progress of a novice RN When they are doing well and progressing to independence, you feel like a “proud parent” I feel good about giving praise when it is due

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## Appendix MM: Question 10

Theme	Subthemes
Remain in role as a perioperative RN	Gonna keep going as long as I feel ok I can see myself still working right here in the OR within the next 5 years
Education	Not sure, doing something in the OR setting for sure. Being in education, not sure but in some type of educational facet Perioperative nursing, possible nurse educator or management. Yes.