

Entering the Restricted Zone — Experiences of Guiding Students into the Operating Room

Presented by:

- Jennifer Hehl, PhD, RN, CNOR, ONC, Nurse Scientist – BJI, & OR Educator
- Fusae Ogino, MSN, BS, RN, CNOR, RN III, Bone and Joint Institute, Hartford Hospital
- Janice Hahn, MSN, RN, CNOR, CST, Associate Director of Education, Periop and Procedural Areas, UConn Health



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Jennifer Hehl, RN, PhD, CNOR, ONC



Disclosures

No disclosures or conflicts of interest for this talk

My story

- I always wanted to work in the OR (vet tech background included surgical assisting)
- My nursing school did not support a clinical in the OR (1996)
- First observation was junior year – Hysterectomy – I got to fasten a team member's gown and help them spin to tie up! MAGICAL!!!
- Fast forward to my first OR job (new grad) and I was in a foreign world- some nice people, but many more were unfriendly
- I have always wanted to make the ORs more accessible to students and friendlier to new RNs.



Menti survey



<https://www.mentimeter.com/app/presentation/n/al6r7fwig/sdrs3fvikoq8a7sodd763nh/edit>

Potential benefits of being open to students in the OR



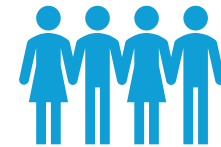
Fostering pride

By mentoring students, you realize how much you are capable of
Fosters thinking beyond the tasks at hand to explain the work



Improve teamwork

Messages in daily huddles to include recognition for preceptors
Making precepting a team effort – handoff to each other on student's experiences and abilities



Reducing burnout

Open, welcoming unit culture is more pleasant for all staff
Improves overall staff recruitment and retention

Elements for success

Fair and Involved Leaders

- Willing to host observations and clinical placements
- Fairly distribute students to all and allow breaks from teaching to not burn out preceptors
- Get staff feedback

Involved Quality Improvement Initiatives

- Data focused to observe and measure quality and patient outcomes
- Regular feedback to team to build confidence in good outcomes (e.g., infection rates)

Elements for success

Involved Nurse Professional Development Practitioners (educators)

- Helpful: to organize and run programs
- But if none available – then a motivated clinical leader or experienced preceptor can make things possible!

Partner with Schools

- Schools can provide clinical instructors
- You supply the ORs, the cases & the preceptors
- AORN Toolkits available to help

Conclusions



- Overall, the friendlier we keep our ORs... the more pleasant they are to work in, our patients will feel welcome and cared for, and we will be more successful recruiting and retaining our future nurses and techs!

References

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Hudson, B. (2021). The looming effect of Covid-19 on the future of nurse staffing. Forbes Business Development Council Post. (Accessed September 27, 2023)
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Mayes, C. & Cochran, K. (2023). Factors influencing perioperative nurse turnover: a classic grounded theory study. *AORN Journal*, 117(3), 161-174.

Next up

Fusae Ogino, RN, MSN, CNOR





**Perioperative Capstone Experience
- Instructor view -**





“What are the students exactly learning in this periop clinical?”

“Are they just observing?”

“How can we improve the student’s understanding level of intraoperative care?”



Student Case Journal & Skill Checklist

*Preceptors, please check the circles for skills performed

** Students fill in all other case information

*Preceptor Checklist:	/	Surgery/Procedure Name	Type of Anesthesia
Hand Hygiene	<input type="checkbox"/>		General (ET / LMA) MAC Spinal/Epidural Local Other:
Room Set Up	<input type="checkbox"/>		
Interview Patient	<input type="checkbox"/>		
Perform Briefing	<input type="checkbox"/>		
Bring Blanket & Fluid	<input type="checkbox"/>	Surgical Position	Ht: Wt: BMI:
Apply SCD	<input type="checkbox"/>	Supine Lateral (R / L) Prone Jack Knife Lithotomy Other:	Preop Diagnosis
Fall Prevention	<input type="checkbox"/>		
Surgical Count	<input type="checkbox"/>		
Open Sterile Supply	<input type="checkbox"/>		Special intervention
Open tray	<input type="checkbox"/>		<input type="checkbox"/> Foley catheter <input type="checkbox"/> A-line <input type="checkbox"/> Central line <input type="checkbox"/> Swan-Ganz <input type="checkbox"/> Transvenous pacing <input type="checkbox"/> Other:
Assist Gown/Hood	<input type="checkbox"/>		Hx:
Skin Prep	<input type="checkbox"/>		
Assist Positioning	<input type="checkbox"/>	Surgical Hx:	
Assist Intubation	<input type="checkbox"/>		
Assist glide scope	<input type="checkbox"/>		Lab (abnormal)
Perform TIMEOUT	<input type="checkbox"/>		
Apply Bovie pad	<input type="checkbox"/>		
	<input type="checkbox"/>		
Notes/Questions:			

Preop Patient Interview Tips!

- * Take off your mask if allowed, and smile
- * Make sure patient name/procedure/laterality before seeing the patient

Introduce yourself

Right Patient?

- Check wristband and ask name/DOB
- Make sure the wristband and the sticker on the consent form matched
- Ask who is the surgeon

Right procedure?

- Ask patient what procedure they are having.
- Make sure if the patient stated the procedure on the consent form

Right side? *If applicable

- Ask patient laterality.
- Make sure with the consent form.
- Check if surgical team marked the correct site/side.

Confirm if the surgical consent is valid.

- Check the consent form date *within 180 days
- Check if primary attending signed

NPO?

- Ask patient when the last meal was

Allergies?

- Ask patient what allergies they have
- Ask patient what was the reaction for the meds/food, etc.

Implants/Jewelries/Accessories?

- Ask patient if there are any implants, (Dentures, hearing aids, contact lenses, joint prosthesis, pace maker, AICD, insulin pump, CGM, chemo port, body piercing, earrings, etc.)

Hx of Blood clot/DVT?

- Ask patient if they have any of those and when was it

Any concerns?

- Listen to patient concerns/worries
- Many patients are nervous so have some chat with touching and provide empathy!

Clinical Judgement Worksheet (cont.)

Type of Anesthesia		Describe the benefits of the selected anesthesia method for this procedure and patient	List the complications of the selected anesthesia method that the patient would possibly experienced in post-operative period
General (ET / LMA)	Regional block		
MAC			
Spinal/Edural			
Local			
Positioning		List the complications of the surgical positioning that the patient required	What actions do you need to take to reduce the complications of the surgical position?
Supine	Prone		
Lateral (L / R)	Jack Knife		
Lithotomy			
Other ()			
Per the patient information, what would be the top nursing priority during intraoperative period (list three and the rationals):			

Reflection Journal

Reflection

*Guideline: Font-Time New Roman, Font size-12, Min. 1page and Max. 2pages. If you use peer-reviewed articles, follow APA rules for citations and a reference page.

Student Name: _____

1. How did you advocate for your patient today that would make a difference in perioperative care?
2. How did your perioperative nursing experience connect to past experiences or materials from other courses?
3. What is the ethical concern in the perioperative area? Explain the reasons.
4. How did the role of the perioperative nurse contribute to the interprofessional team to optimize the patient's outcome?

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Case Journal Reflection/Future Project

Journal Reflection

- Case journal is a successful tool to guide students
- Improved students' critical thinking in intraoperative care
- A learning tool for instructors how to guide students

Future Project:

- Epic Access for Students
- Modification CJW



Operating Room is...

- A limited access area to others
- A restricted place
- A Mysterious area for many students

“What is going on there?”





Entering/Guiding to the restricted zone

- Great experiences to understand
 - different interdisciplinary roles
 - collaboration
 - teamwork
 - different nursing practices from inpatient floors
- Recognize patient safety and follow protocols in any patient care area
- Introduce different specialty careers for students
- Potential recruitment opportunity for OR nurse positions for management



Next up

Janice Hahn, MSN, RN, CNOR, CST



Building Academic Partnerships

Janice Hahn, MSN, RN, CNOR, CST

Colleges of Nursing - Faculty Tool Kit

Learning Guide

Learning Unit: Management of Perioperative Care: Preoperative, Intraoperative, and Postoperative Care

Know this material from Pathophysiology/Pharmacology and pre-requisite classes	Be prepared to discuss this material during class:	At the completion of this learning unit, you should be able to:
<ul style="list-style-type: none"> • Principles of asepsis • Principles of oxygen administration • Principles of cardiovascular, respiratory, and neurological assessment • Pharmacology of opioids, antiemetics, and analgesics • Defining characteristics of the following nursing diagnoses: <ul style="list-style-type: none"> ○ Risk for constipation ○ Risk for infection ○ Acute urinary retention 	<ul style="list-style-type: none"> • Discuss the differences between the three phases of perioperative care: preoperative, intraoperative, and postoperative • Differentiate between general and regional or local anesthesia and conscious sedation including advantages, disadvantages, and rationale for the choice of the anesthetic technique • Discuss principles of informed consent • Discuss principles of aseptic technique used in the operating room • Discuss perioperative complications, such as malignant hyperthermia • Identify adaptive factors that determine the patient's surgical risk • Identify defining characteristics of risk for perioperative positioning injury • Review definitions and indicators of this Nursing Outcomes Classification: <ul style="list-style-type: none"> ○ Risk control • Review these Nursing Interventions Classifications: <ul style="list-style-type: none"> ○ Positioning: intraoperative ○ Moderate sedation ○ Postanesthesia care 	<ul style="list-style-type: none"> • Identify the common purposes and settings of surgery • Describe the purpose and components of a preoperative nursing assessment • Explain the components and purpose of informed consent for surgery • Identify the purposes and types of preoperative medications • Identify the special considerations for preoperative preparation of the older adult • Describe the physical environment of the OR and holding area • Discuss the role of the perioperative nurse • Describe the functions of the members of the surgical team • Discuss differences between general and regional or local anesthesia • Describe the preoperative nursing role • Describe the intraoperative (circulator) nursing role • Describe the postanesthesia care unit nursing role
<p>Suggested Learning Resources: Chapters 14, 15, and 16. In: Ignatavicius D, Workman ML. <i>Medical-Surgical Nursing: Patient-Centered Collaborative Care</i>. 8th ed. St Louis, MO: Elsevier, Inc; 2016.</p>		
<p>Clinical Conference: Analyze the effect of the surgical experience on patients. Assess the patient assigned for the clinical shift and discuss various nursing diagnoses. Discuss elements required for a valid informed consent.</p>		

Prepared/Reviewed By: _____



AORN Toolkit: Pathway to Academic Partnership

Academic Partnership Tool Kit |
AORN



PATHWAY TO ACADEMIC PARTNERSHIP IN THE OR

STEP 0

Choose Your Role.

Academic

(e.g., nursing colleges and universities in the vicinity of the health care system or hospital)

Clinical/Hospital

STEP 1

Define Goals and Objectives.

- Define specific, institutional goals and objectives for establishing this partnership.
- Essential questions: "Why do I want to establish this partnership with ____, and how will the partnering institution measure outcomes (ie, What's in it for them? Cost savings, nurse retention, etc.)"
- View Dr. Jessica Reuter's presentation "Evaluation of a Redesigned Perioperative Specialty Elective to Address the Perioperative Nursing Shortage."
- Review the "Colleges of Nursing-Faculty Tool Kit" to find out ways to introduce students to perioperative nursing.

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- Essential questions: "Why do I want to establish this partnership with ____, and how will the partnering institution measure outcomes (ie, What's in it for them? Cost savings, student learning, etc.)"

STEP 2

Gather Key Stakeholders.

- Gather key stakeholders who will help make this partnership work such as
 - the dean of the college of nursing,
 - the director of the nursing program,
 - faculty members (eg, faculty members familiar with the OR), and
 - others.

- Gather key stakeholders who will help make this partnership work such as
 - the vice president of surgical services,
 - the perioperative director,
 - perioperative educators/clinical practitioners, and
 - others (eg, OR staffing manager, supply manager).

STEP 3

Identify Possible Institutions.

- Identify the hospital(s) or surgery practice sites with whom you want to partner.
- Contact the perioperative leadership and/or the clinical practice team and educators from the clinical/hospital institution.
- Use the templated letter/email (link here): This letter introduces the idea of an academic partnership and how both institutions can benefit from such a relationship.

- Identify nursing colleges and universities in the vicinity of the health care system or hospital(s).
- Contact the academic stakeholders (dean of nursing, director of the undergraduate program, college of nursing faculty members who might have an interest in perioperative nursing).
- Use the templated letter/email (link here): This letter shares the need to increase the number of nurses in the perioperative setting, particularly in the ORs, and proposes to increase student opportunities in perioperative nursing.

STEP 4

Meet With All Stakeholders.

- Meet with all stakeholders to decide what kind of academic practice partnership will be created and with what level of integration. If you need buy-in from specific individuals, make sure they are invited.
- Define the "big" questions that need to be answered by the executive-level decision makers (eg, chief officers of operations, finance, staffing) and those who control financial resources.
- Discuss and define the academic practice partnership model:
 - Apprenticeships
 - Unpaid partnerships
 - Academic-practice partnerships with community leaders
- Discuss and define levels of integration of academic partnership:
 - Contractual
 - Extent of relationship
- Systematic evaluation of outcomes (eg, each student is guaranteed an interview after completion)

STEP 5

Form a Steering Committee.

- Form a steering committee that consists of some of the stakeholders (leaving out the dean and the VP of surgical services) and any other personnel whose support you will need.
- This steering committee should meet on a regular basis and design the perioperative nursing partnership, number of preceptorship hours, application criteria if needed, orientation materials, and a student survey for evaluation of the experience.
- Consider the "shared competency model."
- The essential step here is to define those common, or "shared," competencies that the academic side needs to develop in the learner and ways to guide the learner to transfer these competencies into practice in the OR.
- Question to address: What student learning competencies and skills are very important for both the clinical/hospital institution and the academic institution and their assessment and evaluation needs?
- Question to address: What are the knowledge, skills, and attitudes (subordinate, in theory, to competencies) that the health care organization requires to consider a nurse competent to practice in the OR?
- The academic objectives/competencies/goals must be aligned with the competencies/skills the OR wants in their nursing workforce upon hire! This is what is meant in the term "shared competencies."

STEP 6

Establish the Implementation Plan and Timeline.

- Define specific steps necessary to implement the program and plan.
- Set a well-defined timeline for each step-in implementation:
- Promoting the program to learners
- Beginning the program
- Managing between-phases of the program
- Ending the program
- Collecting data (when and how)
- Performing a gap analysis
- Reporting results to stakeholders
- Consider including the following components:
 - Hold an orientation for the students at the hospital. Include simulation scenarios for the students to better understand the role of the perioperative nurse.
 - See if the perioperative educator or leader will speak to the group of nursing students every semester. Either invite the nursing students to the hospital for a tour and lecture or go to the college/university.
 - Assign students to a single preceptor if possible. Make sure the preceptor is aware of this academic partnership and familiarize them with the preceptorship materials, etc.
 - Consider incorporating the AORN Introduction to Perioperative Nursing (IPN) course.
 - Set up an in-person meeting for the steering committee and the stakeholders.
 - Invite reps from the school to tour the facility, including any classroom or lab space.

STEP 7

Communicate.

- Communicate with the steering committee throughout the implementation and evaluation phases.
- Meet regularly to discuss the progress of learners.
- Discuss evaluation results.
- Discuss process improvements that can happen while the program is occurring for the first time and improvements that need to be noted for future implementations (a sort of QI process).

STEP 8

Evaluate Outcomes.

- Evaluate the measurable outcomes established at the beginning of this pathway, Steps 1-4.
- Include the following:
 - Evidence of student learning outcomes (competency achievement metrics)
 - Student learning experiences (their self-report of perceptions about the program)
 - Stakeholder surveys
 - Financial records
 - Clinical outcome measures
- Retention of learners from the academic program to institutional hiring, orientation, and ultimately length and trajectory of employment at the hospital
- Consider longitudinal data collection (learner record through hiring/employee record) for reporting

STEP 9

Create a Quality Improvement Plan.

- Bring on new partners and let old ones out of the partnership if they need to go.
- Repeat the process from Step 4 to run the academic-practice partnership again and show that it's sustainable over the long term.

Student Scope of Practice

The student will make this list available to the preceptor every day. Students have been educated and validated on the skills listed below. **Students are aware of their scope of practice and are responsible for working within these boundaries.**

The objective of this clinical experience is to participate as a circulator under ***the preceptor's continuous supervision*** and to gain confidence in communicating with patients and team members. Preceptors should encourage growth in student competency and knowledge. If at any time the student or preceptor do not feel comfortable, please use the code-word **“Switch”**

Yes: Under direct and continuous supervision of a preceptor RN.

- Review patient record
- Perform pre-op assessment
- Assist patient onto the table
- Participate in Briefing, Time out and Debriefing with increasing confidence
- Provide emotional support to patient
- Assist Anesthesia during intubation
- Assist team in positioning
- Connect cords and tubings from the field, perform actions associated with operating equipment
- Accompany preceptor when gathering supplies and equipment

- Work as a member of the team

Open:

- Back table packs
- Rigid and wrapped instrument sets
- Wrapped items
- Peel packed items

Never: (But Present and Alert During)

- Delivering implants to the field
- Any part of specimen management
- Counting
- Documenting



Recruitment for Capstone

- Descriptive flyer
- Lecture and Hands-on session at the school
- Essay applications:
 - Understanding of the role
 - Past experience in the OR
 - Why is this a fit for you?
 - How would you like to learn and grow?



Junior Volunteer Program

- 4 day immersion in Periop: OR, Pre-op, PACU & GI
- 2024 – 5 of 7 students pursued OR Summer Internship & Senior Capstone



Advantages

- Recruitment
- Semester long “interview”
- Informed decisions
- Smoother transition to practice
- Solid foundation – ready to advance
- Positive effect on staff
- Morale builder

