

Perioperative Clinical Experiences



Debra Fawcett

In today's dynamic world of nursing, new graduates face unprecedented demands. New graduates are expected to practice at higher levels of competence, possess increased knowledge and skills, and have greater experience in both structured and unstructured settings (American Association of Colleges of Nursing [AACN], 2006b). In addition, the demand is higher for nurses with experience in specialty settings, such as the OR, critical care, and emergency settings (AACN, 2006a). This expectation, along with decreased hospital stays, shortages of nurses and faculty, and an institutional focus on cost cutting, can leave nurse educators with the overwhelming task of identifying clinical sites that will provide the nursing student with the necessary experiences to be successful (Fawcett, 1999).

Competition for clinical sites is becoming an ever-increasing problem. Faculty and schools of nursing want a clinical site that will offer students the opportunity to gain a wide variety of knowledge, skills, and experiences that will assist the student in becoming a competent professional nurse. Faculty must review and implement new and creative ways to meet the needs of the student and to accomplish the outcomes required by accrediting agencies. Not only are faculty and nursing schools looking for the ultimate clinical site, so are schools with respiratory therapy programs, licensed practical nursing schools, radiology schools, and many others, thus taking much-needed sites and adding strain to already overloaded staff.

As faculty have collectively met and engaged in long discussions related to clinical offerings and innovative means to meet clinical needs, certain themes have begun to emerge. One area in which this is particularly true is that of perioperative nursing. What is being found is that perioperative nursing can offer a wide variety of learning experiences and that students are interested in the OR. Perioperative nursing has changed over the last two decades, and the benefits it has to offer far exceed the fact that it is a specialty area of practice.

What Is Perioperative Nursing?

In the past, perioperative nursing has been viewed as a technical practice and far removed from the hands-on practice that the nursing student needs upon graduation (Kuiper,

2004). When asked to describe perioperative nursing, many nurses say, "Oh, that is operating room nursing." While essentially correct, that definition no longer describes the practice of perioperative nursing. Perioperative nurses do not only practice in the operating room with patients who are under general anesthesia. Perioperative nursing is defined as the practice of nursing directed toward patients undergoing operative and other invasive procedures (AORN, 2005). Perioperative practice encompasses many settings, including CV labs, PACU, GI labs, pain units, day surgery centers, holding areas, and GU labs. Each of these units is often part and parcel of the main operating room and can provide extended learning experiences for the student. Furthermore, the focus of perioperative nursing is that of the patient and not only on the technical skills needed during the surgical procedure. Perioperative nurses identify patient needs, set goals, implement nursing interventions, and engage in activities that assist in achieving optimal patient outcomes (AORN, 2005). The distinction of where perioperative practice is performed is necessary because perioperative nursing is based on standards and principles utilized in many different areas of practice that can be transferred to any unit or area in which a nurse may choose to work.

Learning Opportunities

The operating room and associated areas offer an abundance of learning opportunities for the student nurse. Students learn and use crucial skills in the OR, such as applying the principle of cleanest to dirtiest or the IV fluid principle of height of column; therefore, it is no wonder that perioperative nursing is getting a fresh look by universities and faculty because the students have the opportunity to start IVs, see first-hand anatomy and physiology, pulse oximetry, practice positioning, read EKGs, and assist in the provision of fluid and electrolytes. Skills utilized and learned in operating rooms and associated areas can be transferred to any area of practice, whether it is home care, renal care, oncology, or school nursing. In addition to basic skills, perioperative nursing offers many of the more non-quantifiable learning opportunities, such as socialization, effective communication, values, and teamwork that are so valuable to a student. As new technology continues to be developed, the OR will continue to offer an abundance of technical skills for the nursing student (Graling & Rusynko, 2004).

One of the primary cornerstones of all nursing practice is asepsis. Where better to learn and apply asepsis than in the OR or a related unit? The principles of asepsis can be easily transferred to other units. Nurses must use asepsis when inserting catheters, starting IVs, taking care of PIC lines, changing sterile dressings, and giving injections, regardless of the unit in which they are working. The student in a perioperative setting learns to put on sterile gloves correctly and how to keep his or her hands sterile after donning the gloves. Having

a good grasp of asepsis provides the student confidence in knowing when and how to put in a catheter on a unit and in understanding what is sterile and what is not. Asepsis is a skill that can be used on other units and in other areas of practice, and has the added benefit of being a patient safety factor. When asepsis is learned and applied, it is seldom forgotten.

Teamwork is a major component of the OR. Imagine if the OR does not have teamwork when it is time to position a patient on the OR bed or when counts are completed. Understanding and applying the principles of safe positioning can be applied on many other units as well as in the OR. The student must understand how to position for optimal ventilation, to assist with optimal circulation, and to prevent any adverse effects from the position itself (Sigsby, 2004). Imagine a nurse trying to position a 300-pound patient alone. It just does not work. Body mechanics takes on a whole new meaning as does working as a team. It is imperative that all team members work together to assure the patient will be protected against any adverse events related to positioning, such as pressure ulcers, peripheral nerve damage, and possible vascular complications. Learning to work as a team is a must in today's nursing environment, and the knowledge needed can be transferred to any work situation.

Counting sutures, sponges, and sharps allows the student to understand the responsibility of the surgical team and the consequences of leaving something in a patient. This is also a good time to discuss with the student the occurrence of adverse events, who is responsible, and what the possible outcomes are. Patient safety is a focus of all health care institutions, and counting falls into the realm of patient safety as well as being a legal issue.

Another aspect of perioperative practice is communication. Communication in perioperative practice has to be concise, organized, and direct due to time constraints. The student in the OR must learn to gather information (assess) in a short, organized time frame and to disseminate said information to the correct persons. In addition, the student must learn to work and communicate clearly with patients and families during the preoperative and post-operative periods. The student learns to answer questions and be prepared when communicating with surgeons and anesthesiologists. Communicating directly with physicians is often an area that is very difficult for the student, and an experience in the OR can help overcome this fear because perioperative nurses work very closely with surgeons and anesthesiologists. To communicate effectively, the student must also learn lab values, what is important, what is not, and to whom the information must be provided. Each student must understand the ramifications of abnormal lab values and how these apply to a particular surgical patient. It is also in this setting that the student learns the abstract value of patient advocacy. Because patients do not always understand the language of nursing and health care, the student must learn to articulate patient information in a common language, and explain exactly what is going to occur and make sure the patient understands. While patients are in the OR, they are usually under some kind of anesthesia, whether it be general, monitored anesthesia, or IV conscious sedation. Perioperative patients must have a patient advocate to assist with their protection, to communicate when needed, and to assure that each patient receives quality care. Students can experience this event first hand in the OR.

Accountability for nursing practice is a major component of any area of nursing practice. It is very much so in the OR

and associated areas. The student who experiences the OR as a clinical nurse must deal with issues such as the potential for wrong-site surgery, time-outs, allergies to medications, HIPAA, and informed consent. The student learns to complete a time-out session before each surgery. The purpose of the time-out session is to prevent wrong site surgery, as well as wrong patient surgery and possible wrong surgical procedures. Time-outs verify what the student has learned in school and apply this knowledge to real practice. It can bring home to the student that doing the five steps is not just something taught in school but that it is an important part of nursing practice. Being accountable for the patient is as much a responsibility for the student as for the rest of the surgical team.

It is not uncommon for a student to have certain expectations about nursing practice and expect his or her clinical experience to progress in a certain organized manner. That is often not the case, and the experienced nurse understands that each day can change from good to bad in a matter of moments. Anyone working in nursing must learn to be adaptable at a moment's notice. Students are often assigned patients the day before a clinical experience and know what is to be expected, but in the OR and associated areas, the student experiences several different patients during one clinical day. Each of these patients brings with him or her an opportunity for immediate change. A patient may come to the unit having eaten breakfast, thus causing the surgery to be cancelled and the whole day's assignments to change. The student must adapt. Sometimes when a patient has surgery, something may not go as expected, and the surgery could take two or three more hours than scheduled. The student must adapt. Every day in the OR and associated areas is different, and every patient is different with different factors that may affect the outcome and nursing care needed. There is no routine. Each patient brings a set of circumstances that may alter the expected outcome and change the student's entire day.

Last but not the least of the learning opportunities in perioperative setting is the technological aspect of practice. Technology abounds in the OR in the form of scopes, videos, bovie's, and new equipment being designed every day. The use of computers to guide the surgeons and the use of computers for documentation is a new, ever-changing phenomenon. Robotics is becoming a common sight in many of the major ORs across the country, and nurses are learning the skills necessary to support the use and sharing his or her skills with the student.

Conclusions

Perhaps the most important entity offered in the perioperative setting is the fact of transferability of all the knowledge learned while in the perioperative setting. Skills, values, and knowledge acquired in the perioperative practice are not just technology; they are skills needed for professional practice that can be transferred to any area of practice. Critical thinking can be sharpened in every aspect of perioperative nursing (McNamara, 2006). Communication and teamwork are a must in perioperative nursing practice as it is in every practice setting. Take a look at perioperative nursing and see what it has to offer your program in the way of meeting end-of-program outcomes and objectives for your med-surg classes.

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NSNA's 55th Annual Convention Draws Over 3,500 Attendees

Thirty-five hundred participants attended NSNA's 55th Annual Convention in Anaheim, CA, at the Anaheim Convention Center. The Convention brought together students, faculty, and nursing leaders from across the country to network, learn, and discuss today's current trends and issues in health care and nursing. The program schedule was packed with educational sessions for students and faculty, included an Awards Ceremony to celebrate the achievements of scholarship recipients and NSNA contest winners, and also featured an Orange County Auction, First Night Party, and over 240 exhibitors.

Opening Ceremony and Keynote Address

"Students mean the world to nursing," said Dr. Beverly Malone, as she addressed the audience assembled for the Opening Ceremony of NSNA's Convention. Dr. Malone addressed the *Wonderful World of Nursing* Convention theme and urged students to stand up for themselves, to realize their importance to the profession, and to take advantage of being students. "Every time you are a student," she noted, "care gets better. Nursing is about life-long learning. When we stop being in a student role, we lose something."

The Opening Ceremony also featured official greetings given by Dr. L. Antoinette Bargagliotti, President, National League for Nursing, New York, NY; and Rebecca Patton, MSN, RN, CNOR, President, American Nurses' Association, Silver Spring, MD.

Election Results

2007-2008 Board of Elections

The following officers were installed at the close of the House of Delegates on Saturday, April 14, 2007:

President: Jennifer Davis, University of Akron, Akron, OH

Vice-President: Jenna Sanders, University of Saint Francis, Fort Wayne, IN

Secretary/Treasurer: Cherrié Holland, Grand Canyon University, Phoenix, AZ

Breakthrough to Nursing Director: Devyn Denton, Bacone College, Muskogee, OK

Imprint Editor: Kelley Wilson, Piedmont Technical College, Greenwood, SC

Directors: Mary Cisco, Anderson University, Anderson, IN; Laura Chapman, University of Alabama, Huntsville, AL; Emily Little, University of Maine at Orono, Orono, ME; Arlene Hady, San Diego State University, San Diego, CA.

Ex-officio and Chair, Council of State Presidents Planning Committee: James Kilpatrick, Johns Hopkins University, Baltimore, MD.

2007-2008 Nominating and Elections Committee

Chair: Jenna Thiry, University of Nebraska Medical Center, Scottsbluff, NE

Members: Sarah Ellen Baker, Johns Hopkins University, Baltimore, MD; Traci Ford, Saddleback College, Mission Viejo, CA; Christy McKelvey, University of Alabama, Huntsville, AL.

Resolutions Adopted

The House of Delegates passed the following resolutions in support of:

- Increasing Awareness Among Nursing Students Concerning the Health Disparities of Immigrant and Seasonal Farmworkers and their Families.
- Clinical Education Standards for Distance Learners.
- Advocating for an Accurate and Improved Professional Portrayal of Nurses and the Nursing Profession.
- Improved Evidence-Based Practice Education and Further Research Regarding the Effects of Pain in the Neonate Population.
- Integration of Human Patient Simulator Technology in Nursing Curriculum.
- Increased State and Federal Regulation of Mandatory Overtime for Nurses to Reduce Fatigue-Related Nursing Errors and Increase Patient Safety in the Hospital Setting.
- Increased Awareness and Inclusion of Nursing Students in the Implementation of State and Federal Influenza Pandemic Response Plans.
- Educational Mobility of Registered Nurses.
- Educating the Public About Reduction/Prevention of Unintentional Injuries/Deaths in Children Under Age 14 Years.
- Allowing Condoms in All Adult Correctional Facilities for the Purpose of Reducing the Spread of HIV Among Inmates.
- Increased Education About the Differences in Cardiovascular Disease Signs and Symptoms in Women.
- Increased Awareness and Prevention of Human Papillomavirus.

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- Federal Legislation for Life-Time Immunosuppressive Coverage for Kidney Transplant Patients.
- Increased Awareness and Education of Health Care Professionals Regarding Timely Referrals to Hospice Care for All Terminally Ill Patients.
- Promoting Early Assessment of Alcohol Dependence in Patients in the Acute Care Setting to Decrease the Risk of Alcohol Withdrawal Symptoms.
- Increased Advocacy, Research, and Education for Improved Whistleblower Protection for Nursing Students.
- Improving the Nurse-Physician Relationship.

Under new business, the House passed the following main motion: "Enhancing NSNA's position supporting school nursing by encouraging and advocating for research in support of school nursing to provide the evidence to demonstrate the need for school nurses and ensure successful long term health and educational outcomes for our children."

Foundation of the NSNA Awards Ceremony

The FNSNA Awards Ceremony on Thursday, April 12, lauded the accomplishments of scholarship recipients and the winners of NSNA's many contests. Dr. Barbara Chamberlain was presented with NSNA's highest honor, Honorary Membership, and Michigan Nursing Students Association consultant Michael Williams received the Leader of Leaders Award. Johnson and Johnson also premiered the latest installment in its Patient Perspectives series during the Ceremony. The film, which moved the audience to tears, featured patients who paid tribute to the nurses who made life-altering difference in their lives.

Fundraising for Scholarships

The House of Delegates Challenge and the Orange County Auction raised several thousand dollars to benefit the Foundation of the NSNA. On Saturday, April 14, the House of Delegates pledged over \$19,000 to benefit the Disaster Relief Fund, which is administered by the FNSNA. The Orange County Auction raised approximately \$9,160 for the Mary Ann Tuft Scholarship Fund and inspired several heated bidding wars.