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ACADEMIC-PRACTICE PARTNERSHIP FOR OPERATING ROOM NURSING

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ABSTRACT

Most schools of nursing have eliminated preparation for OR nursing from their curricula, as baccalaureate education focuses on the preparation of generalists. This article presents the program design, implementation, and overall experience of one academic-practice collaboration, in providing specialized training within a generalist undergraduate nursing program.

INTRODUCTION

Schools of nursing face the unique challenge of preparing students for entry-to-practice in an increasingly specialized healthcare environment. Simultaneously, the general entry-to-practice competencies alone require many hours of classroom time and professional practice experience. There is, therefore, tension in the degree of specialization that is encountered within undergraduate curricula at risk of then having insufficient time to address core competencies. Operating room (OR) nursing provides a notable example due to the high quantity of specialized training required to achieve proficiency.

Most schools of nursing have eliminated preparation for OR nursing from their curricula as baccalaureate education focuses on the preparation of generalists.¹ The purpose of this article is to present the experience of one academic-practice collaboration in attempting to provide specialized training within a generalist undergraduate nursing program. The program design is presented as well as the experiences of students and faculty in implementing this program.

BACKGROUND

The removal of perioperative nursing from nursing curricula has been identified as a noteworthy influence in the shortage of perioperative nurses.² The shortage can, however, be attributed to other factors as well, such as: lack of clinical placement experiences, an aging workforce in perioperative areas, and advancements in technology requiring wide-ranging OR education and skill adaptation.³ Within most current curricula, student OR exposure is restricted to infrequent observational opportunities. These opportunities can assist nursing

students in understanding patient experiences through the care pathway but they do not afford a deep understanding of various OR roles, such as circulating or scrubbing, or the full scope of responsibilities of OR nurses. These observational experiences are further hampered by the limited numbers of people allowed in the OR suites, numbers of new employees being orientated, or simply short staffing in the OR,⁴ resulting in few students being afforded such opportunities. The combined impact of the removal of speciality education from undergraduate nursing programs and lack of exposure to OR nursing practice means that “there are not enough new nurses coming into the workforce who are ready to enter the perioperative environment.”⁵ This shortage can have significant system implications. Some hospitals have, for example, been forced to cancel surgeries due to a shortage of OR nurses⁶ and some centres are offering large signing bonuses to OR nurses.⁷

At the same time nursing schools across the country are facing a shortage of preceptored practice placements for senior level students⁶ which is forcing some programs to delay the progression/graduation of some of their students.⁸ A survey by the Canadian Association of Schools of Nursing showed that the majority of schools of nursing in Canada “reported difficulties in providing a sufficient number of appropriate placements for their students... (and) the scarcity is more pronounced in acute care settings.”⁹ In the context of a shortage of nursing placements, there is a significant opportunity, if schools and practice settings can work together to find ways to include students into specialized environments. An academic-practice collaboration for placements in an OR unit can, therefore, be a win-win situation by providing potential new staff in the practice setting and increased senior level student placements in the academic setting.

Collaboration is vitally important for high quality and sustained nursing

student professional practice experiences. Because of strains on Canadian healthcare environments accommodating student placements may be perceived as a hardship unless these placements are designed in a manner congruent with the goals of the practice setting. The OR opportunity outlined herein reflects the quote of Henry Ford that, “Coming together is a beginning. Keeping together is progress. Working together is a success”¹⁰

The Ontario university school of nursing and a large teaching hospital came together to develop a solution with a mutual purpose. This partnership created a model that addressed the OR nurse shortage while securing appropriate and valuable clinical placements.

IMPLEMENTATION

The first step included identifying stakeholders to be directly involved in the design of an OR elective opportunity that met the needs of both the OR work environment and nursing curriculum requirements.³ The stakeholders included both operational and clinical leadership from the hospital along with university faculty and staff. This team designed a process that involved students enrolled in two related courses in their final year of the program. Firstly, an elective course was created that incorporated the pre-existing modules (Periop 101) delivered by the Association of periOperative Registered Nurses (AORN).¹¹ Students who applied for this opportunity completed the elective course in the fall term before moving into their final twelve-week clinical practicum in the winter term. These students joined the AORN course that was already being offered to new staff recruited to the OR. Upon successful completion of the elective, students were guaranteed that their final practicum, in the subsequent term, would be in the OR.

The components of the elective course included: 27 modules delivered by AORN eLearning technology, which

were selected because they could be paired with the in-class and lab experiences; use of the Cine Med video library as part of the AORN course; 18 mandatory lab skills opportunities taught by an expert OR nurse from each site of the major teaching hospital, with lab time scheduled after each module to practice learning from the module; mock skills lab testing including instrument testing; a final exam delivered by AORN eLearning technology with the required pass rate set at 80%; 30 hours of OR orientation classroom content; 22.5 hours of Perioperative Care classroom content; 22.5 hours of electronic documentation (i.e. SurgiNet); training for electronic physician’s orders (eOrders); and 2-3 hours in the Medical Devices Reprocessing department (MDR) to understand the process for decontamination and re-sterilization of instruments.

In addition, a shadowing experience to the Pre-Admission Clinic, Post Anaesthesia Care Unit, and Clinical Educator Meeting was organized, followed by hands-on preceptored clinical time in the scrub and circulating role in a variety of surgical services. The nursing students were also required to complete several written assignments for the university faculty that constituted the grading component of the elective. The application of learning and theoretical skills, in the first term of their fourth year, was designed to improve communication, clinical judgement, and perioperative practice skills in a safe environment.

In the second term of their fourth year the students worked side-by-side with their preceptor within perioperative services for 456 hours which constitutes approximately 12 weeks of a full time schedule. The preceptors engaged in appreciative inquiry at the time of assessing and evaluating students’ ability to meet the accountabilities and competencies required of a perioperative nurse. As with all final clinical practicum placements, a Faculty Advisor, who was a Nursing Faculty member, was assigned to support the student/preceptor dyad,

meeting face-to-face with them periodically throughout the term and staying in touch by course email at all times.

The implementation of this OR elective course allowed for the following: (1) an OR clinical practicum opportunity for the fourth year baccalaureate nursing students; (2) increased interest in perioperative nursing; (3) increased exposure to a collaborative team environment, as teamwork is the foundation of perioperative practice;³ (4) identification of potential OR nurse hires; (5) and a reduction in recruitment and orientation costs associated with newly hired nurses.³

The ongoing challenges of nursing retention in the OR, funding for Periop 101 student seats, the limited number of nurses willing to be preceptors, and the need to provide a consistent learning experience for the students provided some challenges for this experience. Nevertheless, this initiative, which began in 2012, has already resulted in the placement of 41 students in an OR environment and has increased the recruitment pool for this nursing specialty.

Student feedback has been positive and constructive. Some of the feedback from former students were the following:

“Being able to take the AORN peri-operative certification course prior to entering Integrative Practicum helped to prepare for work in the OR.”

“I learned the importance of constantly critically thinking, assessing the situations and predicting possible outcomes, as things can change so rapidly in the OR.”

CONCLUSION

This academic-practice partnership led to a unique model allowing for a specialty placement within a generalist nursing program. The OR elective still provided a number of generalist competencies that could translate in to other practice settings.

These included a foundation in principles of asepsis, infection control, patient advocacy, safety science, team work and communication.¹² At the same time, it facilitated specialized experiences so that students could be recruited into OR settings, should they be interested.

The success of this initiative demonstrates the potential for developing a comparable model in any clinical specialty area in order to expand student placement opportunities as well as recruitment opportunities. This shift has promise to address potential staff shortages and introduce recruitment and orientation cost-saving measures for the clinical organization,³ while also assisting academic institutions in finding unique and quality placement experiences for nursing students.

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