

POURQUOI LE PERSONNEL INFIRMIER AUTORISÉ DANS LA SALLE D'OPERATION?

LE ROLE DU PERSONNEL INFIRMIER PERIOPERATOIRE AUTORISÉ : UN SECRET BIEN GARDE

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Plusieurs d'entre nous ont entendu un leader, un gérant ou un directeur prononcer des opinions comme « les soins infirmiers n'ont pas de place dans une salle d'opération; ce n'est qu'un lieu technique », « n'importe qui peut apprendre comment travailler dans la salle d'opération » ou « il n'y a aucune différence entre une infirmière auxiliaire autorisée, une infirmière autorisée et une technicienne de salle d'opération ». D'autres idées incendiaires semblables, dont le but est de minimiser l'importance des connaissances et de la formation spécialisées, sont « le personnel infirmier en salle d'opération est égoïste », « la spécialisation est la cause de la pénurie d'infirmières » et « une infirmière est une infirmière ». Parmi les idées qui passent dans la tête d'une infirmière périopératoire autorisée lorsqu'elle entend de tels énoncés répréhensibles sont que la personne manque de connaissances professionnelles et ne comprend pas l'impact des soins périopératoires sur la qualité des soins.

Pourquoi les soins complexes et hautement spécialisés fournis par le personnel infirmier périopératoire autorisé sont-ils si méconnus? Un hôpital penserait-il à créer un service de soins

intensifs sans infirmières auxiliaires autorisées? Jamais! Néanmoins, la salle d'opération est aussi complexe que ce dernier, et contient peut-être encore davantage de risques. Alors pourquoi les habiletés requises par cet environnement ne sont-elles pas mieux reconnues et respectées? Pourquoi certaines personnes doutent-elles du besoin de la présence et du rôle du personnel infirmier autorisé dans chacun des domaines des soins des patients?

WHY A REGISTERED NURSE (RN) IN THE OR?

THE PERIOPERATIVE REGISTERED NURSE ROLE – A WELL KEPT SECRET

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Many of us have heard some destructive leader, manager, or director, make statements like “there is no nursing in the operating room – the OR is only technical”... “a monkey could be taught to work in the OR” or “there is no difference between a Licensed Practice Nurse (LPN), a Registered Practical Nurse (RPN), an Operating Room Technician (ORT), and a Registered Nurse (RN)”. Other inflammatory statements, that attempt to diminish the importance of specialty knowledge and training, include “OR nurses are only self serving,” or “specialization is the cause of the nursing shortage,” and “a nurse is a nurse is a nurse.” The lack of professional knowledge and impact for the patient care are only some of the thoughts that go through the mind of a perioperative registered nurse at such reprehensible statements.

Why is the highly specialized, and complex, care

provided by the Perioperative Registered Nurse so misunderstood? Would a hospital think of staffing an ICU with LPNs and RPNs? Absolutely not! And yet the operating theatre is an equally complex, and perhaps a more risky, environment. So why is the skill-set required for this environment not fully recognized and respected? Why are some questioning whether an RN needs to be present in, and in charge of, each theatre of patient care?

KEEP OUT!

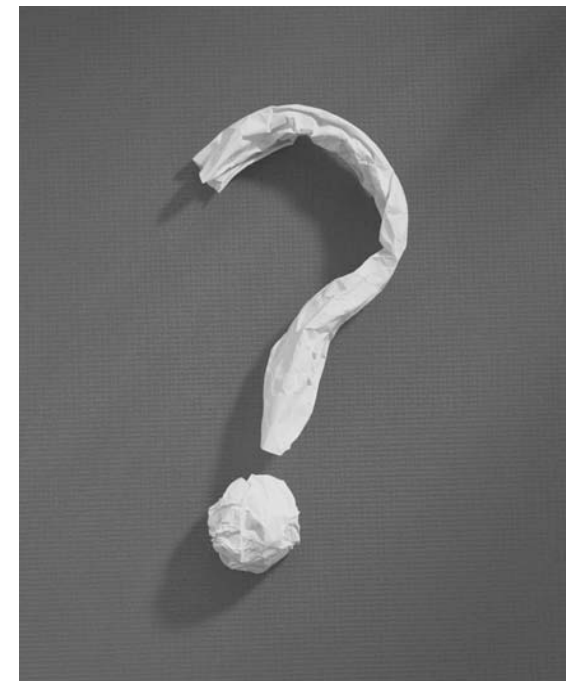
The misunderstanding starts right with the message on the OR door – signs on the door make statements like “Keep Out” and “Only Authorized Personnel”. You would find similar language at a nuclear plant, but not in a lot of other workplaces. It is anything but inviting and creates a feeling of exclusion. Decades of worry, and an historical lack of true understanding about the organisms that can cause severe, and fatal, illness, are likely at the root of this atmosphere of exclusion and isolation. Tradition and many “sacred cows” are also at play. We need to open the door to the “nay-sayers”, and to our colleagues outside of the surgical suite, to help build understanding for the role, and importance, of the perioperative nurse.

DON'T TOUCH ANYTHING!

The angry parent may be heard to shout “Don't Touch Anything” at a two year old in a shop full of fragile items. Anyone violating the sterile setup in a surgical suite may invoke a similar panicked response in protection of the patient. Anyone who is the recipient of this dressing down will likely never forget the humiliation and will likely avoid coming back for more. Their lack of understanding about what causes the reaction, combined with the presence of an assertive OR nurse in full scrub attire, creates an atmosphere of intimidation.

TECHNOLOGY IS OVERWHELMING

The surgical environment thrives on, and is often driven by, technological advancement. New equipment is very costly and attracts much attention. Technology makes news and is often



the focus of fund raising events. Budget meetings are consumed with the never-ending need for more surgical equipment. While most people will hear about the cost of, and constant need for, new technology, they won't have the opportunity to see the application of technology, under the gentle hands of the perioperative Registered Nurse, and the end benefit to the patient.

UNDERSTANDING THE OR

The Terminology:

The term “operating room” is used both generally and specifically and this double use adds to the lack of understanding. The Operating Room, or OR, (or Surgical Suite) at a general level is used to refer to an area of the hospital including a collection of many procedure rooms where surgeries take place. Its use would be similar to the general use of other specialty departments, such as ER.

In addition, the individual rooms where surgery occurs are also called Operating Rooms (or Surgical Suites). In keeping with our British heritage they may also be referred to as

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PEARLS OF WISDOM (CONT.)

Operating Theatres, while hospitals in the USA do not use the term Theatre.

The Perioperative Environment:

Each individual Operating Room or theatre is its own full unit of care, must be self-sufficient and fully staffed prior to admission of the patient and throughout the procedure. The team must be competent with qualified members able to provide all aspects of care including handling of any complication, change in patient status or procedure. The essential tripartite team is the experienced Registered Nurse, who is in-charge of the theatre, the anesthesiologist and the surgeon. Additional support persons are required for specific procedures and roles.

The RN is responsible for assessing risk factors and directing nursing care, as needed and should a patient become unstable. Unlike in some departments, patients are not transferred elsewhere for specialty care. In addition, health team members caring for other nearby patients cannot leave their post to assist as is possible in multi-patient units/ rooms of care.

Each surgical team requires, at minimum, a circulating RN- in charge, a scrub nurse, who may be an OR or scrub technician ORT, an anesthesiologist, and a surgeon. Each has a very specific role and must be able to function interactively and independently. Each of the fundamental team members may need additional team members to provide specialty support. These needs will depend on the complexity and length of the procedure and the skills required.

The Key OR Nursing Roles:

It is impossible to understand why there is a need for an RN in the perioperative environment without an understanding of the nursing roles in the OR.

There are many roles for a perioperative RN in the Operating Theatre. Staff nurses are expert in both the scrub and circulating role as well as "in charge" of a single theatre, group of specialty theatres or the full shift. RN's with additional

education and expertise take on many other critical leadership roles, including educator, charge nurse, supervisor, coordinator, liaison nurse for families, manager, director, or the surgical and first assistant role. For purposes of this article only the direct patient care staff in the theatre are being addressed.

CIRCULATING ROLE

The circulating nurse is a Registered Nurse with a perioperative specialty body of knowledge, and skills, built upon the foundation of a basic nursing program including sciences and humanities. The role is to supervise and provide safe, efficient and effective patient care throughout the immediate preoperative, intraoperative and immediate post-operative period. Directing, leading, supervising and teaching other staff is also a major component of the role. Coordinating, communicating and integrating safe, effective and efficient patient care, in short time frames, with all members of the surgical team, is paramount.

The nursing process of continuously assessing, planning implementing and evaluating is, although it is often not documented in detail, used by the nurse throughout the surgical procedure. The process often occurs in a short time frame, is cyclical, with constant change, and is integrated with the multidisciplinary care of the surgeon and anesthesiology team. The impact of the Registered Nurses' critical thinking and resulting action is paramount to the ability of the full team to obtain the best outcome for the patient. Continuous astute observation, reassessment and evaluation are integral, throughout the surgical procedure, in order to ensure a high quality, safe outcome is integral to the RN role.

The circulating Registered Nurse must have a big picture view of the whole system including knowing where the resources, both human and material, are located, the financial impact of using these resources, how to obtain them, and how to activate resource plans in time for safe patient care.

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TEAMWORK AND DEDICATION (CONT.)

Operating Room and Post Anaesthesia Recovery Room.

“Teamwork and Dedication” was chosen as the title for the quilt as this title truly reflects the qualities that perioperative personnel display on a daily basis. The patient is always the centre of our attention and the full team’s resources and energies are focused on providing the patient with a safe perioperative experience.

The quilt depicts personal and group reflections and each block has its own story. It represents nursing, medicine, health sciences, management, support resources and personnel who all work together as the perioperative team. The quilt reflects patient care, peer support, and self care.

Themes depicted in the quilt include nursing philosophy, education, mentoring, communication, aseptic practice, patient care,

relationship building, teamwork, collegiality, time management, coordination, socialization and fun.

While the themes it represents would make the quilt appropriate in any Operating Room,, it is unique to the University of Alberta Hospital and special to everyone who got involved. As a result it has been signed by personnel in the hospital’s Perioperative Services.

Thanks to generous donations by long arm quilter Suzanne Biamonte, Cohos Evamy, and PCL the quilt is now grandly displayed under Plexiglas at the entrance to the Perioperative Services. In this location, the quilt will continue to provide much comfort, joy and pleasure to many patients, their families, Perioperative staff and other hospital personnel. The quilt should help remind everyone that behind these double doors is a very caring and dedicated team! ❁

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PEARLS OF WISDOM (CONT.)

The circulating Registered Nurse must also be skilled in the scrub role in order to accurately and efficiently supervise, support, teach and maximize the efficiency of the scrub nurse for the entire team. The circulator ensures the scrub nurse is providing all support required by the surgeon, that all items are made available in a timely manner, and that non-verbal communication is used to increase efficiency and reduce stress. Astute and continual observation of the scrub team activities and the anesthesiologist are necessary to ensure the circulating nurse senses any rising levels of concern, complication, or stress, and to respond appropriately, and in a timely manner. Effective direction, coordination and organization of the full surgical team is the lead role of the circulating Registered Nurse. This is not a role where an individual can only worry about their own section of work. The coordination of dozens of elements, each impacting on the overall performance and outcome, is key to the creation of a top performing team that communicates well, respects and values each other, and has the necessary resources and skills to perform the work in a safe, efficient, and timely manner. Providing, and maintaining, the right environment for the team contributes to positive patient outcomes.

The circulating Registered Nurse in the Theatre is able to make use of information from national Standards of Practice, which are developed by North American perioperative nurses and based on research from perioperative practice and other, multi-science, sources.

A circulating Registered Nurse with appropriate communication skills is a major component in successful team functioning. Processing and sharing key information at the right time, with the right team member, is a key factor in critical decision-making and patient care. The ability to effectively share information, while minimizing noise, distraction, and stress factors, requires a specific level of professional development.

The circulating Registered Nurse serves as a patient advocate throughout the procedure. The nurse has assessed the patient pre-

operatively and had the opportunity to converse with the patient and review the patient’s health record. The nurse is often familiar with the patient’s special final wishes or requests, fears, confidences, religious and ethical issues. How this information is used and shared with the team requires a high-level of professional judgment and expertise in both communication and interactive discourse.

The circulating Registered Nurse must have a big picture view of the whole system including knowing where the resources, both human and material, are located, the financial impact of using these resources, how to obtain them, and how to activate resource plans in time for safe patient care.

Understanding the legal ramifications specific to the Operating Room and ensuring that all members of the team adhere, is another important role of the circulating Registered Nurse. The circulating Registered Nurse is responsible for ensuring full team compliance with policies and procedures. Non compliance can increase risk, and create liability issues, so the investment in, and retention of, highly qualified Registered Nurses, to circulate, is of major importance to minimize the patient’s risk and protect the healthcare facility.

SCRUB ROLE

The perioperative RN, builds upon a solid academic training, the extensive knowledge of surgical anatomy and the sequential steps the surgeon will likely perform in a wide range of procedures. An in-depth knowledge of hundreds of specific instruments, tools, medical supplies, sutures, staplers and devices is critical. Many of the devices must be taken apart to ensure sterilization and reassembled, in a timely manner, on the sterile field. Throughout this training the risks to patients, legal responsibilities and accountability are melded into the patient care plan in order to ensure appropriate outcomes. LPNs, RPNs, and scrub technicians can be trained to conduct the technical component of the scrub role but must be supervised at all times by a circulating RN.

PEARLS OF WISDOM (CONT.)

Knowledge of the surgical steps allows the perioperative nurse to anticipate the surgeons' requirements and properly place the instrumentation in the surgeons' hands so that the surgeon does not need to take his/her eyes off the surgical site.

During each procedure, astute observation is required on the part of the scrub nurse. He/she will need to be able to modify the setup if a procedure changes and to request additional instruments and supplies in a manner that does not distract the surgeon. Extensive knowledge of aseptic technique to prevent infection, and the application of this technique throughout the procedure, is required.

CHANGING MISUNDERSTANDINGS ABOUT THE RN ROLE

It is clear that the perioperative RN needs to emerge from behind the hidden door to ensure that colleagues, in academic, clinical and administrative positions, understand the critical and essential role being played by the perioperative RN in both direct and supportive patient care.

Comprehensive roles and functions are clearly defined in the ORNAC Standards of Practice documents.¹ The importance of the RN role in staffing and patient outcomes has been described especially as it affects staffing and safe patient care.² A fully researched, documented, and approved standardized language, entitled Perioperative Nursing Data Set (PNDS), has been in place since 1999 in order to support the perioperative nurses role in evidence based practice.³

Perioperative Registered Nurses need to be involved with schools of nursing and to seek out opportunities to willingly preceptor students. In some areas of the country efforts have resulted in the successful inclusion of a section, on perioperative nursing, in the basic student nursing curriculum. Attending job fairs, taking advantage of special days to promote the role among facility staff and community members, and inviting nurses in to the surgical units in the OR to share the RN role will go a long way to

increasing the understanding of the role. High profile, positive, assertive messages must become the mantra to live by. Be seen and understood!

SUMMARY

The above description of the circulating Registered Nurse is only a brief over view of the detailed and complex world of perioperative nursing. Unveiling the vital, "well kept secret", of the need for a Registered Nurse, circulating at all times throughout the surgical procedure, is critical for safe patient care.

The health care system is responsible, and accountable to the public, for the provision of a hospital environment that is safe for all patients and personnel. The operating theatre is the prime unit of care, in the OR, and must have the resources in the room to fully complete the intended surgery and to prepare for changes and complications that may arise. The critical thinking, clinical decision making, systems approach, and reflective high-level practice, creates a requirement that the circulating role must be filled by a Registered Nurse. A skilled perioperative Registered Nurse must be in charge of each theatre, any group of theatres, each OR shift and the OR Department. Every perioperative nurse needs to explain, be proud of, and to market the importance of the role outside the walls of the OR to the "world".

Now is the time to make it so!!

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