

# Expanding the Role of the Perioperative Educator

Yves Panneton, RN, BSc.,BAA

Although the perioperative educator may conduct pre, intra-operative and post-operative teaching to the surgical patient and their families, their role is usually limited to orientations and continuing education of perioperative staff. These limited educational activities do not exploit the full potential of the perioperative educator. An organizational communication model may be used as a guide to fully utilize the training and skills of the educator.

Teaching is an integral part of nursing. Potter & Perry (1989) have identified three roles nurses can play as educators. They can act as an educator in schools of nursing, as a teacher for their clients and, as an educator for nurses within their institution.

On the surgical ward, teaching plays a central role in preparing the patient for the surgery, the

immediate post-operative recovery and discharge. Perioperative nurses may get involved in pre and post-operative teaching (Lewis, Collier & Heitkemper, 1996). In some cases, they give intra-operative reports to families of surgical clients (Puopolo & Cordasco, 1999). Although they could, perioperative educator rarely get involved in direct patient teaching.

## The Focus of the Perioperative Educator

The main preoccupation of the educator is traditionally more in respect to nurses in the operating room. Phippen & Wells (1994) describe the function of the perioperative educator to be orientation, in-service and continuing education. Orientations aim at giving the new employee the competence to work as a perioperative nurse in a specific environment. The in-service focuses on learning activities to meet the expectation of the employer. It could be used to develop specific knowledge, skills or attitudes. Continuing education consists in planned learning activities intended to enhance the education, the practice, the administration and, the research skills of the nurses for the purpose of improving the health of the public.

The concept of continuing education is close to the concept of employee development in human

## Author

Yves Panneton, RN, BSc.,BAA, is Nurse Clinician Educator, Operating Room, Montreal Neurological Hospital, Montreal, Quebec.

resources management. Employee development is a planned process of learning experiences intended to enhance the employee's contribution to organizational goals. The purpose of education development is to improve an individual's abilities and bring them in line with the existing or anticipated job requirements (Heneman, Schawab, Fossum & Dyer, 1986).

## Orienting the New Employee

Both continuing education and employee development aim at orienting the new employee to the organization and their job and, maintain and improve the employee's performance level in their present job. The difference between the two is in the scope of the practice. While continuing education in the operating room puts emphasis in the immediate clinical practice in the operating room, employee development takes into account the overall objectives of the organization. Combining the two approaches would be a way of providing quality care in the operating room in an efficient way.

The concept of quality and efficiency refers to the idea of providing care that meets the expectation of the clientele (quality). Quality care is provided in a manner that uses optimally the human, material and financial resources of the institution (efficiency), (Gagnon, Lessard & Otis, 1997).

Providing quality and efficient care in the operating room implies combining clinical practice and administrative techniques. In practical terms, it means re-engineering the work in the operating room by reviewing the way things are done and by teaching new skills to the staff. No one is in a better position to achieve this than the operating room educator.

## Re-engineering Practice in the OR

The organizational communication theory could be used to transpose into practice this idea of an operating room educator re-engineering the practice to provide quality and efficient care to the surgical patient.

Communication is defined as the exchange of meaning. As a specific field, it includes, but is not limited to, the organizational communication (Charron, 1995). Organizational communication is defined as a process of exchange of information and messages through a network in order to fill the needs of the organization (Charron, 1995). To un-

derstand better that definition, we can compare a hospital to a brick wall. It exists to provide medical and surgical care to the patients. All the bricks would be the individuals or the departments within the hospital. The concrete between the bricks would be the communication linking any brick with any other brick. It is through communication that the hospital can achieve a common goal. Through communication, all departments involved with a specific patient can be coordinated to deliver the care the patient requires.

In practice, organizational communication aims at understanding communication in the organization along four "axis". Laramée (1993) describes them as being:

- **operational work,**
- **maintenance,**
- **human relations and,**
- **innovation.**

The object of communication for the operational work is to harmonize the work of the people involved in patient care (Laramée, 1993). It includes, without being limited to, the organizational chart and, reports between staff member within the units, with other departments and outside agencies.

The object of communication for maintenance is to support the people in their work so that they can do their work the way they are supposed to (Laramée, 1993). It includes, without being limited to, orientations, in-services, continuing education programs, job descriptions, policies and procedures, warnings and sanctions.

## Solving Conflict - An Objective of Human Relations

The object of communication for human relations is to improve satisfaction at work, improve the self-esteem of the staff and, facilitate interpersonal relations (Laramée, 1993). It includes, without being limited to, all activities to solve peer or group conflicts, all extra-professional activities such as leisure or any social activities.

The object of communication for innovation is to allow the hospital to adapt to new technological trends or meet a new need in the population (Laramée, 1993). It includes, without being limited to, planning sessions, circle of quality, suggestions, new projects, new directives and

new programs.

In order to improve the quality and efficiency of the operating room in a systematic way, the organizational communication theory should be used as a model within an administrative process. Ideally, in the operating room, the process would be applied research using a sociotechnique or research-action design (Laramée & Vallée, 1991). The problem with this ideal is that most nurses are not familiar with the research process in a clinical context. They are, on the other hand, familiar with the nursing process (Potter & Perry, 1989). Bertrand & Guilemet (1989) propose a model close to the nursing process. It allows the use of the organizational communication theory in the operating room. The steps are:

- description of the organization,
- defining the problem,
- proposing solutions,
- evaluating the solutions,
- selecting one or many solutions,
- implementing the solution(s) and,
- evaluating implemented solution(s).

Describing the organization is the most critical step. Morgan (1996) proposes to describe the organization using many metaphors. A metaphor of the organization is a comparison between the organization and an image. For example, we could compare the organization to a cell, describing it using the system theory. We would describe the different units and groups within the organization and describe how they relate to one another. The superposition of the metaphor will give a more complete image of the operating room. It will also show how the operating room relates with other departments or units within or outside the hospital. Once a complete image of the operating room is obtained, the operating room is analyzed using the four axis of the organizational communication model. As per the process described above, weaknesses are identified and prioritized. Solutions are proposed, considered, selected and implemented. The result is later evaluated and corrections are made accordingly.

With their unique expertise, perioperative educators can facilitate the change to improve the quality of care in an efficient manner by teaching new skills, and providing information.

Using an organizational communication approach amplifies the role of the educator because the preoccupation is not just limited to "education". It aims at improving the entire operating room process in order to improve quality and efficiency. The scope is not limited to perioperative practice in the surgical suite. The scope becomes how the operating room can contribute to the overall objectives of the hospital. The educator will consider facilitating patient flow, improving the work environment and improving overall perioperative practice. "Non-traditional" tasks - such as social reunions and the implementation of the circle of quality also become part of the educator's responsibility.

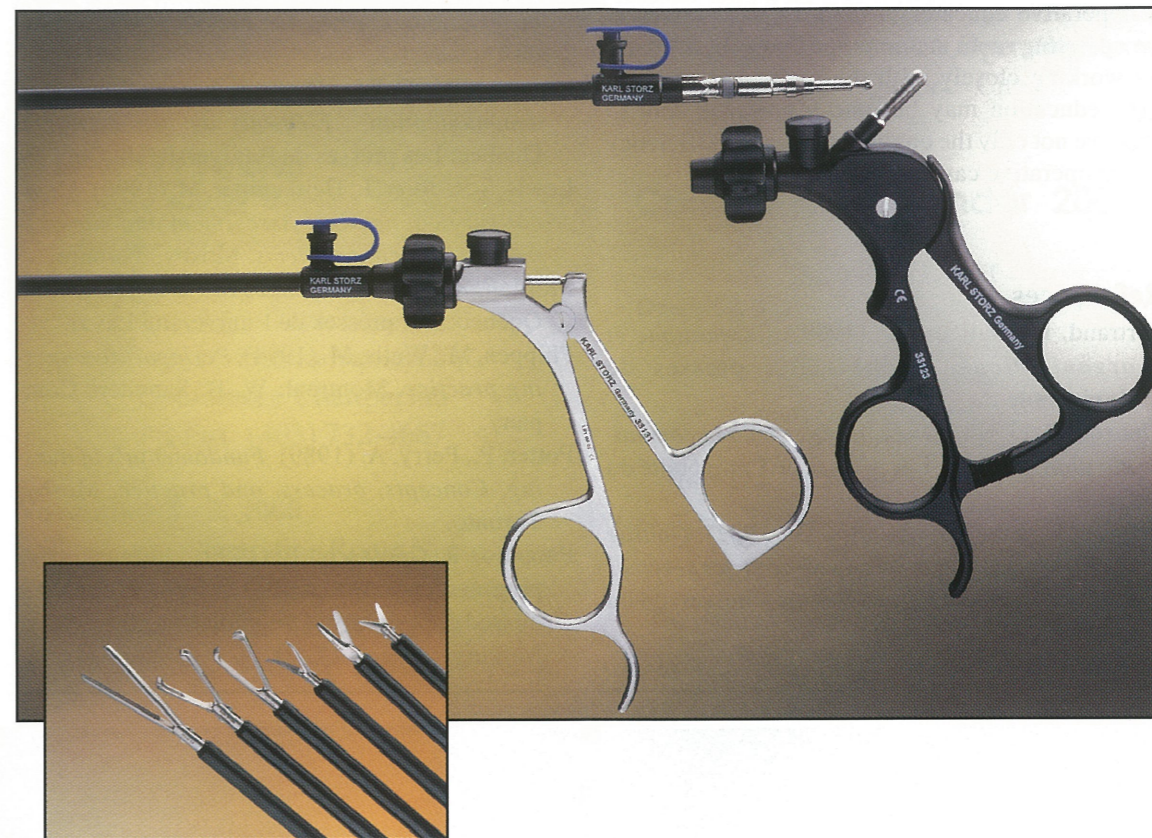
For example, when the operating room is analyzed along the operational work axis, the educator will look at how communication is done within the operating room amongst the nurses. The educator will look at how nurses and other health professionals within the OR communicate. The educator will look at how the operating room relates with other departments within the hospital or outside agencies when applicable. Weaknesses are identified to provide quality care in an efficient manner. They may be within the operating room or in relation to other departments within or outside the hospital itself. The educator may also be involved in working with groups other than perioperative nurses.

This approach does not negate the "traditional" role of the educator in the operating room. Orientations, policies and procedures, in-services and continuing education are part of the maintenance axis. Patient teaching could be seen as being part of this axis as well. Patients play an essential role in their recovery, therefore patient teaching could be seen as "orienting the patient to the surgical experience".

### Manager-Educator Collaboration

The expanded role implies a close collaboration between the perioperative manager and the perioperative educator. Many "new" preoccupations of the educator are common with management preoccupations. The synergy will be a powerful tool to achieve organizational objectives through the means of education. As well, it will facilitate awareness of management to the educational needs of the operating room. To be effective in this role, the educator needs a solid background

## Karl Storz... **CLICKline™** Two names that define superior instrumentation



Within seconds, handles, outer tubes and working inserts can be interchanged by the press of a button, giving surgeons the instrument selection that best meets their needs. **CLICKline™** combines the solid feel of precision craftsmanship with the convenience and cost-containment benefits of modular components.

Cleaning is quick and easy; there are no hidden spaces to collect blood and tissue debris. Components are fitted with flushing ports and are fully auto-clavable, providing clean and efficient handling. The reusable **CLICKline™** family is both environmentally sensitive and cost-effective, simplifying purchasing and materials management.

**CLICKline™** is available exclusively through Karl Storz in a variety of sizes and lengths with a wide selection of forceps, dissectors, scissors and handle choices for optimum surgical function and ergonomic handling.

Contact your Karl Storz representative today, or call us at **(800) 421-0837** for a free **CLICKline™** demonstration.

KARL STORZ GmbH & Co.  
Mittelstraße 8, D-78532 Tuttlingen, Germany  
Postfach 230, D-78503 Tuttlingen, Germany  
Telephone: (07461) 70 80  
Telefax: (07461) 70 81 05

KARL STORZ Endoscopy-America, Inc.  
600 Corporate Pointe  
Culver City, CA 90230-7600  
Telephone: (310) 338-8100  
(800) 421-0837  
Telefax: (310) 410-5530

KARL STORZ Endoscopy-Canada, Inc.  
438 University Avenue, Suite 1800  
Toronto, Ontario, Canada M5G 2K8  
Telephone: (416) 596-9900  
(800) 268-4880 (English)  
(800) 361-7388 (Français)  
Telefax: (416) 596-9333

KARL STORZ Endoscopia Latino America  
815 N.W. 57th Ave., Ste. No. 480  
Miami, FL 33126-2042, USA  
Telefono: (305) 262-8980  
Telefax: (305) 262-8986

E-mail: [karlstorz-marketing@karlstorz.de](mailto:karlstorz-marketing@karlstorz.de)  
Internet: <http://www.karlstorz.de>  
<http://www.karlstorz.com>

**STORZ**  
Karl Storz Endoscopy  
[www.karlstorz.com](http://www.karlstorz.com)

in management, specifically with circle of quality and change management.

The use of the organizational communication model within an administrative process allows the perioperative educator to identify weaknesses in the operating room that impinge upon quality care. By working closely with the perioperative manager, education may become a powerful tool to improve not only the quality but also the efficiency of perioperative care. ■

## References

- Bertrand, L., Guilemet, P. (1989). *Bureautique et organizations*. Québec: Les presses de l'université du Québec.
- Charron, D. (1995). *Une introduction à la communication*. Québec: Les presses de l'université du Québec.
- Gagnon, F., Lessard, M., Otis, D. (1997). *Qualité et efficience des services de santé et des services sociaux*. Québec: Les presses de l'université du Québec.
- Heneman, H., Schawab, D., Fossum, J., Dyer, L.

(1986). *Personal/human resource management*. Homewood: Irwin.

- Laramée, A. (1993). *La communication dans les organizations. Une introduction théorique et pragmatique*. Québec: Les presses de l'université du Québec.
- Laramée, A., Vallée, B. (1991). *La recherche en communication. Eléments de méthodologie*. Québec: Les presses de l'université du Québec.
- Lewis, S., Collier, I., Heitkemper, M. (1996). *Medical-surgical nursing. Assessment and management of clinical problems*. Mosby: Toronto.
- Morgan, G. (1996). *Images de l'organisation*. Québec: Les presses de l'université Laval.
- Phippen, M., Wells, M. (1994). *Perioperative nursing practice*. Montreal: W. B. Saunders Company.
- Potter, P., Perry, A. (1989). *Fundamentals of nursing. Concepts, process, and practice*. Mosby: Toronto.
- Puopolo, R., Cordasco, J. (1999). Intraoperative progress reports to families of surgical clients: a missed opportunity. *Canadian Operating Room Nursing Journal*, 17 (2).

# Conference Calendar 2000

## October, 2000

Newfoundland & Labrador Operating Room Nurses Group, Corner Brook, Nfld.

## October 11 - 14, 2000

Operating Room Nurses Association of Alberta - 19th Provincial Conference - Lethbridge Lodge Hotel, Lethbridge, AB  
"New Age - New Direction"  
Contact: Gloria Nemecek,  
Conference Chairperson  
Ph/Fax: (403) 732-4667

## November 3 - 5, 2000

Saskatchewan Operating Room Nurses Assn. Annual Weekend Conference - Quality Inn, Saskatoon. Contact: Marla Ewen, Royal University Hospital. Speaker: Judith Shamian

## November 14 - 17, 2000

28th Provincial Conference, Operating Room Nurses of Québec - Québec City

## Conference Calendar 2001

### April 22 - 27, 2001

Operating Room Nurses Association of Canada 17th National Conference  
**Banff, Alberta.**  
Contact: Gloria Nemecek  
Conference Chairperson  
Box 122, Picture Butte, AB T0K 1V0  
Ph/Fax: (403) 732 - 5076

### Fall, 2001

The Atlantic Operating Room Nurses Group  
Charlottetown, Prince Edward Island.

Cardiovascular  
Critical Care  
Emergency  
Gerontology  
Nephrology  
Neuroscience  
Oncology  
Occupational Health  
Perinatal  
Perioperative  
Psychiatric/Mental Health

Gérontologie  
Néphrologie  
Oncologie  
Péninatalité  
Psychiatrie/santé mentale  
Santé du travail  
Sciences neurologiques  
Soins périopératoires  
Soins cardiovasculaires  
Soins intensifs  
Soins d'urgence

# Certification Preferred préférée

With CNA national certification in one of 11 nursing specialties!

**Application Deadline: November 3rd, 2000**  
**Exam Date: March 31st, 2001**

For information, contact:  
**CNA Certification Program**  
50 Driveway, Ottawa, ON K2P 1E2  
Telephone: (613) 237-2133 or 1-800-450-3520  
E-mail: certification@cna-nurses.ca  
Web Site: www.cna-nurses.ca

La certification nationale de l'AIC dans une de 11 spécialités infirmières!

**Date limite - le 3 novembre 2000**  
**Date de l'examen - le 31 mars 2001**

Pour information:  
**Programme de certification de l'AIC**  
50, Driveway, Ottawa (Ontario) K2P 1E2  
Téléphone : (613) 237-2133 ou 1-800-450-3520  
Télécopieur : (613) 237-3520  
Courriel : certification@cna-nurses.ca  
Site Web : www.cna-nurses.ca

## Looking for a change of scenery?

Consider a career with the Fraser Valley Health Region in beautiful British Columbia. Serving the communities of Abbotsford, Mission, Chilliwack, Hope and Agassiz/Harrison with four hospitals plus public/mental health and continuing care programs, the FVHR offers numerous career options for experienced healthcare professionals.

Full and part-time vacancies are currently available in the Operating Room department and in the Recovery Room in the following hospitals:

### MSA GENERAL HOSPITAL (ABBOTSFORD) CHILLIWACK GENERAL HOSPITAL

Participation in on-call rotation, weekends and nights is required.

Preference will be given to candidates with the applicable post-basic nursing programs for this specialty area and/or several years of experience.

We require Registered Nurses who are dedicated to providing superior care and are eligible to register with the RNABC.

Just an hour from Vancouver, the Fraser Valley offers very affordable housing in a beautiful environment of mountain peaks and rolling farmland. For a new lifestyle and a rewarding career, forward your resume to:

Linda Bendickson  
Regional Director, Employment Services  
7324 Hurd Street  
Mission, BC V2V 3H5  
Fax: 604-826-9327; Phone: 604-814-5183

We wish to thank all applicants, however, only those under consideration will be contacted.



**FRASER VALLEY HEALTH REGION**  
"INTEGRATING HEALTH CARE"