



Colette Pelletier (centre) performing as First Assistant with cardiac surgeons at the Montreal Heart Institute.



Photo Left - Christiane Godin, RN, Montreal Heart Institute. Photo Right - Colette Pelletier, R.N., Montreal Institute. Both are training as First Assistants.

Ordre des infirmières et infirmiers du Québec: *La fonction d'infirmière première assistante, Prise de position*, septembre 1994.

Collège des médecins du Québec: *Assistance du chirurgien en salle d'opération (Assistance opératoire)*, Bulletin, vol. XV, no 3, juillet 1975.

Institut de cardiologie de Montréal: *Programme de formation*, Odette Doyon, Suzanne Daigle, en collaboration avec Dr. Yves Leclerc.

Abrégé

Les changements du contexte de travail, le contingentement des médecins résidents, l'évolution scientifique et technologique, le cumul des deux fonctions pour les infirmières soit: infirmière en service interne et infirmière première assistante, ont amené le développement d'un nouveau rôle, celui d'infirmière première assistante.

Dans un souci de donner des soins d'une qualité optimale à l'usager, à la demande des chirurgiens, l'Institut de cardiologie de Montréal a présenté un projet à l'Ordre des infirmières et infirmiers du Québec et au Collège des médecins du Québec.

Le projet a été bien reçu des deux instances. L'Ordre des infirmières et infirmiers du Québec s'est prononcé en faveur de la reconnaissance de l'infirmière première assistante en Septembre 1994 et le Collège des médecins a donné son accord au projet en date du 30 mars 1995.

Un programme de formation d'une durée de 186 heures a été élaboré. Les deux infirmières sélectionnées ont reçu leur formation. Leur intégration à travers l'équipe médico-chirurgicale est en place depuis Février 1996.

Une évaluation de ce projet-pilote se fera en Février 1997.

An Undergraduate Preceptorship in the Perioperative Specialty

By Kimberly Andrus, RN, CNOR, CPN(C)

At Mount Sinai Hospital the clinical nurses are experienced with instructing post-graduate students enrolled in the perioperative certificate programs offered by various community colleges. However, this summer I had the unusual experience and pleasure of teaching an undergraduate nursing student from the University of Toronto. In the past a clinical rotation in the operating room was a compulsory component of the basic nursing program. Over the years the presence of basic students in the operating room has decreased as the curriculum in nursing schools changed and the development of sub-specialties evolved. As a clinical preceptor, I decided that before the undergraduate student arrived I had to adjust my methods of teaching and my clinical expectations of this particular student.

This article will discuss the issues around teaching the undergraduate nurse in a specialty area such as the operating room, my methods of integrating the student into this specialized environment, and the outcome of this unique experience.

Undergraduate Students in the Perioperative Specialty

The most obvious issue regarding a student's clinical rotation in the operating room was the student's clinical experience and objectives. In this situation the student had no experience within the hospital setting and the purpose of the rotation was to assist the student with gaining clinical confidence before entering into her final year where she will be expected to function more autonomously. Although the student outlined her objectives specifically to the area she was assigned, my objectives in teaching had a broader scope

than simply teaching technical skills.

Another issue regarding an undergraduate student in this setting was integrating her into the environment with respect to other professional disciplines. Continuous communication with the nursing, respiratory therapy, surgical and anaesthesia staff was necessary to avoid any unfair assumptions regarding the student's role. Mount Sinai Hospital is a large teaching hospital for the local universities and colleges and the number of students working in this environment is very high. This issue was not a problem for the student because she was very confident with her knowledge and aware of her limitations.

Finally, the issue of ongoing evaluation between the preceptor and student was an important part of this experience. I encouraged the student to guide her own experience and provide me with feedback regarding all clinical situations. This open relationship allowed us to establish a rapport that was non threatening and conducive to learning. Giving a student the opportunity to take responsibility for her own learning experiences under my guidance enabled her to feel that she was functioning as part of the surgical team.

Author

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Teaching Methods

When the student arrived in the operating room a brief tour of the department was provided and for the first week she was given the opportunity to observe surgery. This was done to allow the student to familiarize herself with the environment and introduce her to the staff. As an introduction to the perioperative nursing specialty, I gave her some short handbooks on the following topics: scrubbing, gowning and gloving, the fundamentals of aseptic technique, and sponge, needle and instrument counts. Although she was not expected to master these skills and no formal teaching was provided, the student took the initiative to learn them and familiarize herself with our routines.

Basic technical skills were taught on the job regarding sterilization, aseptic technique, catheterization skills and airway management skills. My approach with the student was to act as a resource for the technical skills and I provided her with various learning resources such as video tapes, textbooks, and lecture and demonstration with the opportunity to practice under my supervision. The resources used were intended to supplement my teaching and promote the student's autonomy with respect to her own learning experience in the environment.

Although the student was assigned to work within the perioperative environment, I did not focus my teaching solely on the technical skills. My main focus was to facilitate the student's clinical confidence by guiding her to use the theoretical knowledge she has acquired at university.

This was accomplished by guiding the student to problem solve in all situations. When discussing a situation, I had the student explain the rationale behind her behaviours and actions, questioned her regarding alternative nursing behaviours, and assisted her with understanding the medical management of the perioperative patients.


Many clinical situations involving patient teaching, technical skills, and legal issues were visited during this clinical rotation. These experiences were expanded and nursing theory was incorporated by guiding the student to imagine the same situations on the unit, in the community, and in a third world environment. Given these different clinical environments, the student was encouraged to describe the possible variations in her nursing care and explain the rationales for the variations. This technique encouraged the student to problem solve and allowed her to broaden her critical thinking patterns outside the perioperative specialty area.

In conclusion, the student was given an introduction to the perioperative nursing specialty which will enable her to make decisions regarding what specialty she prefers. When teaching, however, making the patient and his/her needs the focal point of the student's nursing care rather than the specialized skills involved in perioperative nursing gave the student a consolidation with her theoretical knowledge.

Outcome

The student was given a final evaluation regarding her critical thinking skills, ability to work with other professionals, technical skills, and work attitude. She was also provided with an evaluation form to enable us to assess our preceptorship program in the operating room.

The outcome of both evaluations was very positive and the clinical rotation was productive. The most important point of evaluation I used when describing this experience as productive was that there was a noticeable difference in the student's clinical confidence and independence when she finished her rotation. ■



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BC Children's Hospital Nurses Swim 300 Strokes

By Genelle Leifso RN, CPN(C) and Lynda Magnuson RN, CPN(C)

At the BCORNG 15th Biennial Conference held in Victoria, BC in March 1996, those attending the opening ceremonies heard Bob Lord speak about the value of completing small achievable goals and the role these individual achievements play in pursuing and attaining greater objectives.

Nine nurses from the BC Children's Hospital Operating Room registered for the March, 1996 Canadian Nurses Association (CNA) Certification Exam in Perioperative Nursing. This was done with some trepidation since few of these nurses had written credit examinations recently and some had minimal experience with multiple choice exams. In addition to the obvious exam-related stress there was also tension associated with placing one's practice of many years under scrutiny. After all, the mean nursing practice of our group was around 25 years.

Having determined that we would accept the challenge of the exam, a study group was organized in January, three months prior to the exam. Each member received a study package prepared by the Education Committee of the BCORNG. This contained articles and study questions related to perioperative nursing. One participant made arrangements for a weekly meeting time and place, then circulated the information. Another went to the hospital library and arranged to borrow all of the reference books listed in the CNA Examination Resource booklet. As we all became library cardholders we were able to request these resources in sequence. Another group member researched recent AORN journals for self study articles, questionnaires and other topics which seemed relevant. We also had access to study information from recent BCIT and St. Paul's Hospital OR Post Graduate

Congratulations to BC Children's Hospital OR Nurses. (Front row l to r) Barb Carmichael, Patsy Ferrar, Lynda Magnuson. (Back row l to r) Genelle Leifso, Helen Calveley, Mary Jane Kay, Muriel Edwards, Gladys Jarvic. (Missing) Barb McKnight.

