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Beyond the checklist: Non-technical skills of the circulating nurse and their role in intraoperative patient safety

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Abstract

Background: *The circulating nurse is the perioperative team's primary coordinator, patient advocate, and environmental safety manager during intraoperative care. However, the cognitive and social skills, collectively termed non-technical skills, that underpin safe circulating nursing practice have received substantially less scholarly and professional attention.*

Purpose: *This critical discussion paper examines the non-technical skills specific to the circulating nurse role, critically appraises the current evidence base, and advances implications for perioperative nursing education, practice, and quality improvement in Canadian operating rooms.*

Discussion: *Eight non-technical skills, namely communication, teamwork, situational awareness, leadership, task management, decision-making, escalation, and coping with stress and fatigue, have been identified across the available empirical literature. A recent scoping review confirmed these skills, but found the evidence base geographically narrow, dominated by studies from Europe and Asia, and the direct link to patient safety outcomes under-demonstrated. This paper argues that these skills are not supplementary to the circulating nurse's role but integral to it, and that limited explicit attention to these skills in education and assessment may represent a missed opportunity to strengthen perioperative patient safety.*

Conclusion: *Canadian perioperative nurses, managers, and educators should give greater explicit attention to teaching, assessing, and supporting the non-technical skills of circulating nurses. ORNAC's guidelines and perioperative nursing education programs provide the platform for this shift, and greater attention to these skills is warranted within Canadian perioperative education, practice, and research.*

Keywords: circulating nurse, non-technical skills, perioperative nursing, situational awareness, operating room safety, patient safety, nursing education

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Background

The circulating nurse works across the operating room (OR), coordinating the surgical team, managing the physical and informational environment, communicating with personnel outside the room, and monitoring the patient and team. Unlike the scrub nurse within the sterile field, this mobile "scout" or "outside" role positions the circulating nurse as a primary environmental monitor and patient advocate during intraoperative care (Redaelli, 2018).

Non-technical skills (NTS) are cognitive, social, and personal resources that complement technical proficiency in high-risk environments (Flin et al., 2008). In perioperative care, many surgical adverse events are preventable, and most are attributable to human factors rather than technical error (Sirevåg et al., 2023). Breakdowns in communication, teamwork, and other NTS have been consistently identified as major contributors to these events (Flin et al., 2008). During the past two decades, validated behavioural marker systems have been developed for surgeons, anaesthetists, and scrub practitioners: Non-technical Skills for Surgeons (NOTSS), Anaesthetists Non-Technical Skills (ANTS), and Scrub Practitioners' List of Intraoperative and Non-Technical Skills (SPLINTS). The circulating nurse has, until recently, been conspicuously absent from this scholarship.

A recent scoping review focused on the NTS of circulating nurses and identified eight skills from 12 studies across six countries: communication, teamwork, situational awareness, leadership, task management, decision-making, escalation, and coping with stress and fatigue (Maguire et al., 2025). The review confirmed that circulating nurse NTS are

increasingly well characterized, but found that the direct link between these skills and patient safety outcomes remains empirically under-demonstrated. Escalation is treated as both a behavioural component of communication and, as Sirevåg et al. (2024) argue, a discrete skill domain warranting separate recognition. This paper treats escalation as functionally distinct from communication while acknowledging their overlap.

In parallel, Sirevåg et al. (2024) developed the Non-Technical Skills for Operating Room Nurses (NOTSORN) behavioural marker system, validated through a two-round Delphi process involving 25 Norwegian and international OR nursing educators, researchers, and stakeholders. The NOTSORN tool is notable for including professionalism and ethics as a discrete NTS domain, one absent from conventional crew resource management frameworks and previously unrecognized in OR nursing research. It also explicitly recognizes escalation and assertiveness as behaviours requiring direct teaching and assessment (Sirevåg et al., 2023).

Despite this growing evidence base, Canadian perioperative nursing education and practice have been slow to integrate NTS frameworks specific to the circulating role. The *Operating Room Nurses Association of Canada's (ORNAC's) Guidelines* (2025) address team communication through surgical safety checklists and interprofessional collaboration, but do not identify distinct circulating nurse NTS categories, reference behavioural marker systems, or guide systematic NTS education for the circulating role. This gap has implications for perioperative education and practice. In Canadian operating rooms, including rural and low-volume settings where one nurse may hold multiple perioperative responsibilities, circulating nurses rely on having NTS as an important component of safe and coordinated intraoperative care, particularly as technical complexity, environmental pressures, and volume constraints converge. This critical discussion examines the current evidence concerning non-technical skills of circulating nurses, considers how these skills contribute to the circulating nurse's intraoperative role, identifies limitations in the existing evidence base, and proposes implications for Canadian perioperative education, practice, and research.

Discussion

The Non-Technical Skills of the Circulating Nurse: What the Evidence Shows

Empirical literature on circulating nurse NTS has developed in three phases. Early team-level observational instruments assessed circulating nurse NTS only as sub-elements of broader tools, such as the Observational Teamwork Assessment for Surgery (OTAS). Redaelli's (2018) ethnographic study then characterized five circulating nurse NTS: leadership, situational awareness, task management, communication, and teamwork. A more recent interview, observational, Delphi, and synthesis work (Kalantari et al., 2022, 2023; Sirevåg et al., 2023, 2024; Maguire et al., 2025) has consolidated eight NTS across multiple designs and settings. A critical limitation identified by Maguire et al. (2025) is that four of the 12 studies came from one Iranian research group, raising questions about data independence and cultural generalizability. The evidence base is also geographically narrow, spanning Norway, Iran, Iceland, Italy, and Sweden, with no published North American empirical work. Because surgical team communication, hierarchy, and nurse assertiveness vary across health systems, findings from Norwegian or Iranian ORs cannot be assumed to apply directly to Canada. Canadian perioperative nurses, educators, and ORNAC, therefore, lack locally validated evidence reflecting their clinical context.

The available literature nonetheless portrays an exceptionally complex cognitive and social role. The circulating nurse must sustain a shared mental model while managing the physical environment, supplies, communication across sterile and non-sterile zones, documentation, and escalation. Bayramzadeh et al. (2018) demonstrated this complexity in 25 surgical procedures: the circulating nurse was the most ambulatory team member and experienced more coordination disruptions and interruptions than other team members. These activities are central to safe and coordinated intraoperative care and rely substantially on NTS.

Situational Awareness: The Enabling Non-Technical Skills

Of all eight identified NTS, situational awareness (SA) warrants particular clinical attention because it may be considered an enabling condition for many of the other NTS. Endsley's (1995) three-level model of SA maps precisely onto the cognitive work of circulating nurses during intraoperative procedures: Level 1 involves perceiving environmental cues; Level 2 involves comprehending their meaning in context; Level 3 involves projecting future states. A circulating nurse who perceives that the surgical field is becoming increasingly complex (Level 1), comprehends that this signals an elevated risk of hemorrhage (Level 2), and projects that a blood product request is likely (Level 3), can pre-emptively alert the blood bank, notify the anaesthetic team, and position the room environment for rapid response before the emergency is declared. This anticipatory competence is precisely what the Sirevåg et al. (2023) expert panel described as the capacity to anticipate and stay ahead of the evolving operative situation and what Redaelli (2018) characterized as system thinking: a holistic awareness of the interactive activity streams within the OR that allows experienced circulating nurses to dynamically sequence and deprioritize tasks without losing the thread of the overall operative picture.

The threat to SA in the modern OR is well-documented. Cohen and Boquet (2021) analyzed flow-disruption events observed across cardiac surgery procedures and found that interruptions

were the most prevalent type of disruption, followed by coordination failures and communication breakdowns. As the most ambulatory team member and primary conduit for information from outside the sterile field, the circulating nurse bears disproportionate exposure to these disruptions. Research on SA in high-acuity nursing contexts demonstrates that interruption burden degrades engagement with primary tasks, elevates cognitive load, and impairs detection of early warning cues (Sitterding et al., 2012). In the circulating role, where sustained environmental surveillance is the primary safety function, these effects may have implications for patient safety.

This evidence has concrete implications for Canadian perioperative nursing practice. Operating rooms that implement structured no-interruption periods during critical phases, such as patient positioning, induction, instrument counts, and wound closure, may help protect the circulating nurse's SA by reducing the exogenous cognitive load imposed at highest-risk moments. ORNAC-endorsed use of the World Health Organization (WHO) Surgical Safety Checklist, when the circulating nurse actively leads rather than passively records the timeout, can be viewed as a structured SA synchronization exercise that requires the team to explicitly share and verify their mental models at three designated junctures. The effectiveness of both interventions, however, depends on circulating nurses possessing the SA-specific skills to use them optimally. These skills may often be acquired implicitly through clinical experience rather than through explicit NTS education.

The Role of Communication and Escalation in Intraoperative Safety

Communication is consistently the non-technical skill most frequently identified in nursing literature, appearing in all 12 studies included in the Maguire et al. (2025) synthesis. Escalation, understood as the capacity and willingness to raise a safety concern to a team member in a position of authority, is treated in the NTS literature as both a behavioural component of communication and, in the NOTSORN framework developed by Sirevåg et al. (2024), as a discrete domain within professionalism and ethics. This paper treats escalation as a functionally distinct skill in the context of the circulating nurse, while acknowledging that its behavioural expression is inseparable from the quality of the team's broader communication culture. Communication failures carry well-characterized consequences: Halverson et al. (2011) conducted a direct observational study of intraoperative communication across multiple surgical procedures and found that communication failures were common, with failures to discuss equipment status and procedure progress resulting in documented delays, inefficiencies, and workarounds.

The circulating nurse's position as a communication hub, receiving and filtering information from the laboratory, radiology, and family, then translating it into actionable intelligence and distributing it to team members across the sterile field divide, is not a passive relay function. It demands active interpretation, prioritization under time pressure, and precise timing judgment about when to interrupt and when to wait. Closed-loop communication, in which the sender explicitly confirms that the receiver has understood and acknowledged a message, is a core behavioural marker in every major perioperative NTS system. For the circulating nurse, its significance extends beyond team coordination: closed-loop communication supports surgical count integrity, medication safety, and specimen-handling accuracy. A failure to confirm that a sponge count discrepancy has been heard and acted upon, or that a medication label has been read back correctly, creates conditions for retained surgical items and medication errors, harm categories with direct nursing accountability.

Escalation sits at the intersection of communication, leadership, and the professionalism and ethics domain that Sirevåg et al. (2023) identified as not captured by the conventional crisis resource management (CRM) framework. The circulating nurse's environmental surveillance role means they are frequently the first team member to recognize that the operative situation is deviating from expected parameters. Whether that recognition becomes a timely and effective challenge to the surgeon or anesthetist depends on the nurse's assertiveness, the psychological safety of the team, and the cultural norms governing interprofessional communication in that particular OR. Sirevåg et al.'s (2021) Delphi work found that experienced OR nurses identified speaking up as a critical, frequently exercised skill. However, one thing they struggled to verbalize, tacit knowledge, was transmitted through professional socialization rather than explicit education. This is characteristic of tacit knowledge: knowledge demonstrated in practice but difficult to fully articulate or teach through conventional instruction.

For less-experienced circulating nurses, limited accumulated experience combined with hierarchical barriers to assertiveness may make speaking up and escalation particularly challenging during critical situations. In this context, hierarchical team norms may impede the circulating nurse's ability to fulfil this protective function. The *ORNAC Guidelines* (2025), which articulate an explicit commitment to collaborative and respectful perioperative teamwork, provide the professional mandate for addressing this cultural barrier; translating that mandate into team environments where nurses can speak up and escalate safely is the implementation challenge that requires active organizational effort, not simply individual courage.

Task Management, Workload, and the Limits of Simultaneity

The circulating nurse's workload differs from that of any other OR team member. Surgeons and scrub nurses perform intensive, largely sequential tasks within the confined domain of the sterile field. The circulating nurse manages documentation,

supply logistics, instrument counts, team communication, environmental safety, OR access and traffic control, and response to requests from multiple team members, often while physically traversing an environment whose layout may actively impede efficient movement (Bayramzadeh et al., 2018). Task management as a non-technical skill in this context is not merely the ability to complete multiple tasks; it is the capacity to dynamically reprioritize a heterogeneous workload in real time as clinical needs shift, without losing track of time-critical obligations.

The cognitive demands of this role are compounded when unfamiliar surgical procedures, complex patients, or understaffed teams increase the volume and urgency of concurrent demands. Research using observational work-sampling methods confirms circulating nurses are engaged in simultaneous tasks for significant proportions of each procedure, and that the frequency of multi-tasking increases with surgical complexity (Bayramzadeh et al., 2018; Neyens et al., 2019). The point at which multi-tasking transitions from effective workload management to cognitive overload, degrading the quality of SA, communication, and decision-making, is not defined in the current NTS literature. This represents a critical research and clinical governance question for Canadian perioperative nursing.

Coping with fatigue is explicitly included as a non-technical skill in both the Maguire et al. (2025) synthesis and the NOTSORN tool (Sirevåg et al., 2024), recognizing that the circulating nurse's error-interception function depends on sustained attentional capacity that degrades predictably under fatigue. Extended shift durations and high-acuity caseloads create fatigue conditions relevant to circulating nurse NTS performance. Stoll et al. (2025) documented significant increases in burnout and secondary traumatic stress among rural surgical nurses in British Columbia over a 2-year pandemic period, with implications extending beyond individual well-being to the NTS on which patient safety depends. Across these domains, the available evidence links circulating-nurse NTS with safety-relevant processes, including communication, interruption management, surgical counts, specimen handling, SA, and escalation. However, much of this evidence is observational and process-oriented. It therefore supports a plausible contribution of NTS to intraoperative patient safety rather than demonstrating direct causal effects on patient outcomes. This distinction is important when translating the emerging evidence into recommendations for Canadian perioperative education and practice.

Gaps in the Evidence Base and Implications for Canadian Practice

Three evidence gaps require honest acknowledgement before implications for Canadian practice can be drawn responsibly. First, as noted, all available empirical studies originate from Europe and Asia; the generalizability of findings to Canadian contexts is undemonstrated. Second, the causal link between specific circulating nurse NTS and patient safety outcomes has not been established at the level required for evidence-based clinical guidance. Maguire et al. (2025) explicitly identified this as the primary gap: NTS have been identified, taxonomized, and assessed, but the outcome studies needed to determine which skills confer the greatest patient safety benefit, and at what level of proficiency, have not been conducted. Third, no validated, Canadian-adapted NTS assessment tool exists for the circulating nurse role. The NOTSORN tool is content-validated and bilingual (Norwegian and English), representing the most developed available instrument. However, its psychometric testing with Canadian OR nursing populations and its cultural adaptation to Canadian health system contexts remain priorities for future research (Sirevåg et al., 2024).

The NOTSORN tool should also be considered one potential approach to NTS development and assessment rather than the only framework available to perioperative nursing. Behavioural marker systems can make NTS more visible for teaching, observation, and feedback, but they may not fully capture the relational, contextual, and adaptive dimensions of nursing judgment in the operating room. Non-technical skills should, therefore, be understood within the wider interprofessional and organizational system in which circulating nurses practice, rather than solely as attributes of individual nurses.

Despite these gaps, available evidence suggests several implications for Canadian perioperative nursing education and practice. Perioperative nursing specialty programs, including ORNAC-approved programs, should explicitly name and teach the NTS of the circulating role rather than relying on tacit transmission through clinical exposure. The NOTSORN tool, adapted as needed for Canadian contexts, provides a structured vocabulary through which preceptors and students can assess and deliberately develop NTS alongside technical skills. Simulation offers a particularly promising pedagogical approach because it provides structured opportunities for circulating nurses to practise managing competing task demands, escalation under hierarchical pressure, SA during interruptions, and leadership of the surgical safety checklist. Evidence from simulation research identifies debriefing as an important component of NTS learning (Fanning & Gaba, 2007; Garden et al., 2015). Debriefs that explicitly address circulating-nurse NTS may therefore help make these skills visible for reflection, feedback, and deliberate development. In clinical education, NTS could also be incorporated into orientation objectives, preceptor observation, structured formative feedback, and reflective debriefing, with behavioural markers used to support, rather than replace, contextual professional judgment.

At the systems level, ORNAC has two potential opportunities. One important next step is to support a Canadian validation study of the NOTSORN tool in Canadian perioperative nursing populations. ORNAC does not currently operate a dedicated research grants program; however, its Perioperative Nurse Educators Committee holds an explicit mandate to support evidence-based perioperative nursing research, its national conference provides a platform for dissemination, and its network of educators and clinicians across Canadian OR settings constitutes a recruitment infrastructure that academic researchers cannot easily replicate. ORNAC's contribution could include facilitating connections with perioperative nursing networks, supporting dissemination, and identifying the need for Canadian validation. Such research could help address the geographic gap in the evidence base and determine whether the NOTSORN framework requires cultural or contextual adaptation before broader use in Canadian perioperative settings.

A second step could see ORNAC also using its guidelines, educational activities, and professional forums to draw attention to systems-level threats to NTS performance, including interruption-heavy OR environments, workload and staffing pressures, and team cultures that may inhibit nurse escalation. These are not solely individual competence issues amenable to education; they are organizational conditions that also require local health-system responses. Framing these conditions as potential threats to NTS performance could support dialogue among perioperative nurses, educators, leaders, and healthcare organizations.

Conclusion

The circulating nurse is an important contributor to intraoperative patient safety, and the eight non-technical skills identified in the literature are integral components of clinical competence. Although direct causal relationships between specific circulating-nurse NTS and patient outcomes remain unestablished, failing to recognize and develop these skills may be a missed opportunity to strengthen perioperative patient safety. An emerging evidence base supports greater recognition and further investigation of circulating-nurse NTS, including research examining how these skills are best taught, assessed, and supported and how they relate to patient safety outcomes.

About the Author



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This paper is a critical discussion of publicly available literature and does not involve human participants, personal data, or identifiable information. Accordingly, institutional research ethics board approval was not required under relevant institutional and national guidelines.

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Grammarly, an AI-assisted grammar and style checking tool, was used during the preparation of this manuscript to review grammar, punctuation, and surface-level clarity. All intellectual content, including the theoretical argument, conceptual framing, interpretation of sources, and scholarly conclusions, was developed solely by the author. Grammarly was not used to generate, draft, or substantively revise any portion of the manuscript.

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