PERIOP 101: A CORE CURRICULUM
PRECEPTOR GUIDELINES

These guidelines will provide clinical objectives, competency assessment points and applicable QSEN competencies for each of the Periop 101: Core Curriculum modules.
Contents

ANESTHESIA ............................................................................................................................ 3
Endoscopic & Minimally Invasive Surgery .............................................................................. 5
Environmental Sanitation & Terminal Cleaning ...................................................................... 6
Hemostasis, Sponges and Drains ............................................................................................. 7
Medications and Solutions ....................................................................................................... 8
Perianesthesia Nursing ............................................................................................................ 9
Perioperative Assessment & Patient/Family Education ........................................................... 10
Perioperative Health Care Information Management ............................................................. 12
Positioning the Surgical Patient ............................................................................................. 13
Preoperative Skin Antisepsis .................................................................................................... 15
Professionalism ......................................................................................................................... 17
Safe Use of Surgical Energy .................................................................................................... 18
Perioperative Safety: 3 Modules: .............................................................................................. 21
Introduction; Equipment Focus; Patient Focus ......................................................................... 21
Scrubbing, Gowning, and Gloving .......................................................................................... 23
Specimens .................................................................................................................................. 25
Sterile Technique ....................................................................................................................... 26
Sterilization & Disinfection ....................................................................................................... 27
Surgical Draping ......................................................................................................................... 29
Surgical Instruments .................................................................................................................. 31
The Perioperative Environment ................................................................................................ 32
Wound Closure and Healing ..................................................................................................... 34

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ANESTHESIA

CLINICAL OBJECTIVES

The learner understands the basic concepts of general anesthesia and the different types of anesthesia agents that may be utilized, including intravenous, inhalation, and muscle relaxants. The learner understands the importance of assisting the anesthesia professional during induction and emergence, and being constantly aware of the patient’s status throughout the procedure to prevent any delay in patient care during an emergency. The learner is aware of the different types of regional anesthesia, supporting the patient and ensuring the patient’s comfort during positioning and when administering regional medications. The learner is aware of the different complications and emergencies that may occur during the administration of general and regional anesthesia. Clinical objectives for the preceptor in teaching new perioperative nurses about anesthesia include the following:

1. Identify the anesthesia professionals who can administer anesthesia agents.
2. Discuss factors that determine the choice of anesthesia agents.
3. Discuss the physical status classification assigned by the anesthesia professional.
4. Identify anesthesia monitoring equipment.
5. Explain the different types of anesthesia agents that may be administered to patients.
6. Explain the phases of anesthesia.
7. Describe different airway maintenance protocols while a patient is under anesthesia.
8. Explain the role of the perioperative nurse caring for patients undergoing general anesthesia.
9. Explain the role of the perioperative nurse caring for patients undergoing regional anesthesia.
10. Identify potential patient complications of regional anesthesia.
11. Differentiate between femoral and interscalene peripheral nerve blocks.
13. Discuss the signs and symptoms of malignant hyperthermia.
14. Discuss the immediate treatment protocol for a potential malignant hyperthermia crisis.

Competency Assessment

The preceptor’s role is to observe the learner and assess his or her skills and abilities that are necessary during a patient’s induction and emergence from anesthesia, and during the administration of regional anesthesia. The learner should be scheduled to spend time with an anesthesia professional during the administration of each type of anesthesia. The learner will:

1. Demonstrate the ability to operate and assist with patient suction apparatus.
2. Demonstrate the ability to assist with intravenous lines and operate basic monitoring equipment.
3. Demonstrate the application of cricoid pressure during intubation.
4. Demonstrate the ability to assist with inserting arterial and central venous lines.
5. Demonstrate the ability to assist with patient positioning during regional anesthesia.

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6. Demonstrate the ability to respond appropriately during a mock malignant hyperthermia scenario.

**QSEN Competencies**

a. Quality (K): Describe strategies for improving outcomes at all points of care.
b. Safety (S): Anticipate/prevent systems failures/hazards
c. T&C (S): Function competently within own scope of practice as a member of the healthcare team.
Endoscopic & Minimally Invasive Surgery

Clinical Objectives

The learner understands the components of a medical video system used during minimally invasive (i.e., endoscopic) surgery and is aware of the risks associated with and complications that may occur during these procedures. Clinical objectives for the preceptor in teaching new perioperative nurses about minimally invasive surgery include the following:

1. Recognize the risks associated with minimally invasive procedures.
2. Differentiate risk factors between open versus laparoscopic surgery.
3. Recognize the potential complications with laparoscopic abdominal surgery.
4. List the six major components of a medical video system.
5. List additional peripheral devices and equipment that may be used based on the type of minimally invasive procedure being performed.
6. Discuss the use and benefits of CO2 for insufflation of the abdomen during a laparoscopic procedure.
7. Define the term pneumoperitoneum.
8. Describe the process of white balancing.
9. Identify safety precautions that should be employed when using a fiber-optic light cable.
10. Identify special nursing considerations for minimally invasive surgery.
11. State key points regarding fluid management during minimally invasive surgery.
12. Discuss the care and handling of laparoscopic instruments and equipment.
13. Explain the difference between capacitive coupling and direct coupling.

Competency Assessment

The preceptor’s role is to observe the learner and assess his or her skills and abilities that are necessary to safely handle and operate endoscopic equipment while functioning in the circulating and scrub person roles. The learner will:

1. Operate and connects the components of a medical video system as either the scrub person and/or the circulating nurse.
2. Exercise care and handling of the endoscopes, fiber-optic light cable, and camera for an endoscopic procedure as either the scrub person and/or circulating nurse.
3. Change a CO2 cylinder, if using a portable tank.
4. Properly apply safety measures when positioning the patient for minimally invasive surgery.

QSEN Competencies

a. Quality (K): Describes strategies for improving outcomes at all points of care.
b. Safety (A): Appreciate the role of systems problems as a context for errors.
c. T & C (A): Analyze the impact of a team-based practice.
Environmental Sanitation & Terminal Cleaning

Clinical Objectives

The learner understands the importance of implementing and maintaining a clean and safe environment for both the patient and personnel before, during, and at the end of the day. The learner understands the importance of environmental sanitation and terminal cleaning and how each relates to the prevention of surgical site infections. Clinical objectives for the preceptor in teaching new perioperative nurses about environmental sanitation and terminal cleaning include the following:

1. Discuss the principles of confine and contain.
2. Identify various sources that cause contamination in the surgical environment.
3. Discuss guidelines that should be employed to prevent contamination in the OR.
4. List the cleaning methods used in the surgical environment.
5. Describe the recommendations for pre-procedure cleaning.
6. Describe the recommendations for interim cleaning.
7. Describe the recommendations for terminal cleaning.
8. List the three microorganisms that must be destroyed by an effective hospital disinfectant.
9. List pathogens that are common in the surgical environment.
10. Define surface-to-hand transfer.

Competency Assessment

The preceptor’s role is to observe the learner and assess his or her skills and abilities that are necessary when implementing a cleaning protocol based on the facility’s policy and procedures for before and after surgical procedures and during terminal cleaning of the environment. The learner should be assigned time to work with the perioperative environmental personnel. The learner will:

1. Demonstrate proper disposal of infectious and non-infectious waste.
2. Demonstrate cleaning that is required before the first procedure of the day, including damp dusting.
3. Demonstrate required cleaning between cases.
4. Demonstrate the process used to confine and contain contamination during a procedure.
5. Verbalize the requirements for terminal cleaning of the operating room suites.

QSEN Competencies

- Quality (S): Use quality indicators and benchmarks for improving system process and outcomes.
- Safety (A): Appreciate the role of systems problems as a contest for errors
- T&C (A): Value the team approach to providing high quality care
Hemostasis, Sponges and Drains

Clinical Objectives

The learner understands the different means to achieve hemostasis during a surgical procedure. The learner understands the safety protocols that should be implemented to prevent retained sponges during an invasive procedure. The learner can identify the different types of drainage systems that are used after a surgical procedure. Clinical objectives for the preceptor in teaching new perioperative nurses about hemostasis, sponges and drains, include the following:

1. Define hemostasis.
2. Discuss the different methods of mechanical hemostasis.
3. Discuss the different types of chemical hemostasis.
4. Discuss the different types of thermal hemostasis.
5. Identify the different types of sponges used during a procedure.
6. Recall how many sponges are in raytec and laparotomy packs.
7. Explain when sponge counts are performed.
8. Explain the procedure for an incorrect sponge count as per the facility’s policy.
9. Discuss the purpose of drains.
10. Classify drains based on the functions they perform.

Competency Assessment

The preceptor’s role is to observe and identify the learner’s skills and ability to use different types of hemostatic agents. The preceptor will observe the learner’s ability to correctly count sponges to prevent harm by a retained sponge during an invasive procedure. The learner will be able to:

1. Demonstrate the knowledge and ability to select different types of chemical hemostatic agents based on the degree of bleeding during a surgical procedure.
2. Verbalize the way different types of drainage systems work.
3. Demonstrate performing a sponge count at the appropriate time.
4. Demonstrate how to properly document a sponge count.

QSEN Competencies

a. Safety (S): Use existing resources to design and implement improvements in practice (e.g. National Patient Safety Goals)
b. Quality (K): Examine strategies for improving systems to support team functioning.
Medications and Solutions

Clinical Objectives

The learner understands the nurse’s responsibilities during medication and solution administration in the perioperative area. The learner is aware of the different medications used in the perioperative setting. Clinical objectives for the preceptor in teaching new perioperative nurses about medications and solutions include the following:

1. Discuss the responsibilities of the perioperative nurse in the administration of medication and solutions in the operating room.
2. Identify the five rights of medication administration.
3. Recall the four different groups of medications and solutions that are used in surgery.
4. Discuss the action of each group of medications and solutions that are used in surgery.
5. Discuss the administration routes of each group of medications and solutions that are used in surgery.
6. Identify the Joint Commission official “do not use” list of medication abbreviations.

Competency Assessment

The preceptor’s role is to observe the learner and assess his or her ability to identify the correct medication or solution required for a patient in preparation for a specific procedure. The preceptor will observe the learner administering medications and solutions to the sterile field and correctly documenting medication and solution administration. The learner will be able to:

1. Interpret and review physician preference cards to determine the orders for medications and solutions.
2. Demonstrate verifying, preparing, and delivering medications and solutions to the sterile field.
3. Demonstrate aseptic methods of transferring medications to the sterile field.
4. Demonstrate accurate documentation of the administration of medications and solutions.

QSEN Competencies

a. Quality (S): use quality indicators and benchmarks for improving system processes and outcomes
b. Safety (K): Identify best practices that promote patient, community, and provider safety in the practice setting.
c. EBP (S): Exhibit contemporary knowledge of best evidence related to practice and healthcare systems.
Perianesthesia Nursing

Clinical Objectives

The learner gains knowledge and understands the role and activities of the perianesthesia nurse as well as the different levels of care within the perianesthesia department. Clinical objectives for the preceptor in teaching new perioperative nurses about perianesthesia nursing include the following:

1. Identify the different patient care areas that are within the perianesthesia unit.
2. Differentiate Phase 1 and Phase II recovery in the postanesthesia care unit (PACU).
3. Define the terms perioperative and perianesthesia.
4. State the pertinent information that should be reported to the PACU nurse as hand-off communication following a patient’s surgical procedure.
5. Discuss the Aldrete Scoring System.

Competency Assessment

The preceptor’s role is to orientate the learner to the different phases of perianesthesia care. The learner will:

1. Observe the role of the preadmission testing (PAT) nurse in the PAT unit.
2. Observe the role of the PACU nurse in both Phase 1 and Phase II recovery.
3. Write a reflection paper about observations made in the PAT unit and PACU that demonstrates knowledge of the nursing roles in each unit.

QSEN competencies

a. PCC(A): Appreciate physical and other barriers to patient-centered-care
b. T&C (K): Describe appropriate handoff communication practices.
c. T&C (A): Value different styles of communication
Perioperative Assessment & Patient/Family Education

Clinical Objectives

The learner understands the role of and activities performed by a preoperative nurse and circulating nurse in the preoperative holding area before the patient is transferred to the operating or procedure room. Clinical objectives for the preceptor in teaching new perioperative nurses about perioperative assessment, as well as patient and family education include the following:

1. List patient identifiers based on the facility’s policy and procedures.
2. Explain which documentation forms are required for each patient before surgery.
3. Describe the source of data collection necessary for a particular surgical procedure and based on individual patient needs.
4. Discuss existing alterations in health status that contribute to the patient’s risk for adverse outcomes before, during, and after the operative or invasive procedure.
5. List the physiological and psychosocial components of a perioperative patient assessment and interview.
6. Discuss the facility’s Universal Protocol procedure.
7. Define a patient’s readiness to learn and factors that facilitate or inhibit learning.
8. Identify a patient’s common areas of concern regarding surgery.

Competency Assessment

The role of the preceptor is to observe the learner and assess his or her knowledge and skills that are necessary to perform a preoperative chart review, patient assessment, and interview in preparation for the patient’s surgical procedure. The learner will:

1. Demonstrate introducing himself or herself by correctly giving name, title, and role.
2. Demonstrate implementation of the Universal Protocol by correctly identifying the patient based on the facility’s policy and procedures.
3. Verify informed consent has been obtained per facility policy and procedure.
4. Demonstrate appropriate physiological assessment skills and ask patients necessary questions in preparation for their surgical procedures:
   a. NPO status
   b. Procedure
   c. Surgical site and markings if applicable
   d. Allergies (medications, herbal supplements, environment, latex)
   e. Medications (prescription, over-the-counter, herbal supplements, vitamins, recreational)
   f. Mobility
   g. Tattoos
   h. Jewelry or piercings
   i. Age
j. Skin condition  
k. Vital signs  
l. Sensory impairment  
m. Cardiovascular, respiratory, and renal status  
n. Implants, prosthetics, and external fixators  

5. Interpret results of tests ordered for individual patients and specific procedures.  
6. Identify any missing documents, reports, or abnormal values and contacts the appropriate individual(s).  
   a. Perception of surgery  
   b. Expectations of care  
   c. Coping style  
   d. Knowledge level  
   e. Ability to understand  
   f. Philosophical and religious beliefs  
   g. Cultural practices  
8. Utilize teach-back method to provide patient and family education for a specific patient, taking into account age, scheduled procedure, stated concerns, and existing knowledge.  

**QSEN competencies**  
a. Quality (K): Evaluate the relevance of quality indicators and their associated measurement strategies.  
b. Safety (A): Value the relationship between national patient safety campaigns and implementation of system and practice improvements  
c. TCC (A): commit to being an effective team member  
d. PCC (S): assess patients’ understanding of their health issues and create plans with the patients to manage their health
Clinical Objectives

The learner understands the necessity of complete and accurate documentation, including all of the required elements of the perioperative record. Clinical objectives for the preceptor in teaching new perioperative nurses about documentation include the following:

1. Identify all of the required elements of documentation in the perioperative record.
2. Identify the role of the standardized nursing language (PNDS) in documentation.
3. List the significant times that should be documented in the perioperative record according to the facility’s policy.
4. Discuss the importance of the nursing diagnosis, interventions, and outcomes that are documented in the perioperative record.
5. Define the four elements (duty, breach, causation, damages) that are needed to substantiate malpractice claims.

Competency Assessment

The preceptor’s role is to observe the learner and assess his or her abilities that are necessary to ensure accurate and correct documentation. The learner will:

1. Demonstrate proper documentation of all required and pertinent elements during a surgical procedure.
2. Demonstrate proper documentation of patient charges for supplies.
3. Demonstrate proper documentation for transfer of patient care information.
4. Demonstrate collaboration with the anesthesia professional in documenting significant times.

QSEN Competencies

a. Informatics (K): Know the current regulatory requirements for information systems use.
b. Informatics (K): Identify the critical and useful electronic data needed to provide high quality efficient care through decision support (clinical, financial and administrative outcomes)
c. Informatics (S): Promote access to patient care information for all who provide care
Positioning the Surgical Patient

Clinical Objectives

The learner understands patient safety concerns and is knowledgeable about the anatomical and physiological effects of positioning. Clinical objectives for the preceptor in teaching new perioperative nurses about positioning the surgical patient include the following:

1. Recall all patient positions that may be used during a surgical procedure.
2. Describe the goals of surgical positioning.
3. Describe the areas of pressure related to each surgical position.
4. State the physiological effects on the systems (neuromuscular, skeletal, circulatory, respiratory, and integumentary) in the following positions:
   a. supine
   b. prone
   c. lateral
   d. lithotomy
   e. fowlers
   f. Trendelenburg
   g. reverse Trendelenburg
5. Distinguish between the physical forces of pressure, shearing, friction, and maceration and the role they play in the formation of pressure ulcers.
6. Discuss the methods used to prevent the formation of pressure ulcers.
7. Explain the appropriate placement of the safety strap in each position.
8. Describe measures to protect the patient from injury in each of the surgical positions.
9. Identify common patient injuries based on the position of the patient.
10. Explain the importance of documentation of patient positioning.

Competency Assessment

The role of the preceptor is to observe the learner and assess his or her ability to demonstrate proper patient positioning and apply positioning devices to ensure patient safety and prevent harm during surgical procedures. The learner will:

1. Demonstrate proper transfer of the patient from the OR bed to the stretcher and vice versa.
2. Verbalize potential adverse outcomes based on surgical position and the patient’s physiological condition.
3. Select the correct OR bed or bed position based on the procedure to be performed.
4. Demonstrate the ability to select and safely apply positioning devices or aids to the patient in several positions, including:
   a. supine
   b. prone
   c. lateral
   d. lithotomy
   e. sitting/semi-sitting
QSEN Competencies

a. Quality (S): Identify useful measures that can be acted on to improve outcomes and processes.
b. Quality (S): Lead improvement efforts, taking into account content and best practices based on evidence.
c. Safety (S): Anticipate/prevent systems failures/hazards.
Preoperative Skin Antisepsis

Clinical Objectives

The learner understands the importance of skin preparation in the prevention of surgical site infections. Clinical objectives for the preceptor in teaching new perioperative nurses about preoperative skin preparation include the following:

1. Explain the goals of surgical skin preparation.
2. Differentiate between transient and resident microorganisms.
3. List the characteristics of antimicrobial agents.
4. Contrast and compare the difference between antimicrobial agents:
   a. chlorhexidine gluconate
   b. povidone iodine
5. State the manufacturer’s recommendations when prepping with:
   a. chlorhexidine gluconate
   b. povidone iodine
6. Identify the recommendations for hair removal.
7. Recall the guidelines for prepping.
8. Describe the prepping procedure for contaminated areas and variations to the basic skin prep procedure.
9. Differentiate the areas for skin preparation for specific surgical procedures.
10. Explain what is included in the documentation of skin prep.

Competency Assessment

The preceptor’s role is to observe the learner and assess his or her ability to perform proper skin antisepsis before a procedure. The learner will:

1. Identify the surgical site before performing the skin prep.
2. Examine the skin before performing the skin prep.
3. Select the appropriate agent according to surgeon preference after review of patient allergies/sensitivities.
4. Employ proper hand hygiene methods before performing the surgical skin prep.
5. Following the manufacturer's instructions for use and the principles of aseptic technique demonstrates a surgical skin prep for the following areas:
   a. abdomen
   b. chest
   c. back
   d. head/neck
   e. extremity upper/lower
f. perineum

6. Demonstrate appropriate documentation of skin prep.

**QSEN Competencies**

a. Quality (K): Evaluate the relevance of quality indicators and their associated measurement strategies.

b. EBP (K): Develop knowledge that can lead the translation of research into evidence-based practice.

c. Role model clinical decision making based on evidence, clinical expertise, and patient/family/community preferences.
Professionalism

Clinical Objectives

The learner understands the hallmarks of a professional, as well as how professional nurses conduct themselves through their behavior, knowledge, and concern for patient safety. Clinical objectives for the preceptor in teaching new perioperative nurses about professionalism include the following:

1. Discuss the attributes of a nurse who practices professionally.
2. Discuss the importance of certification.
3. Discuss use of the AORN Guidelines for Perioperative Practice compared with facility policies.
4. Differentiate between the terms ethics and bioethics.
5. Identify ethical decision making situations or events in perioperative nursing.
6. Define the terms liable, negligence, assault, and battery.
7. State potential examples of assault and battery in perioperative nursing.

Competency Assessment

The learner will participate in activities that identify and provide opportunities to observe professionalism in nursing. The learner will:

1. Choose a perioperative department policy and compare it with the related AORN Guidelines for Perioperative Practice.
2. Attend a local AORN chapter meeting or a local American Nurses Association (ANA) meeting.
3. Share observations of professionalism in a written document after attending a professional meeting.

QSEN Competencies

a. Safety (K): Analyze the factors that create a culture of safety and a “just culture”
b. T&C (A): Value the contribution of self and others to effective team functioning.
c. PCC (A): Commit to patient centered collaborative care planning.
d. Informatics (A): Value systems thinking and use of technology to improve patient safety and quality
Safe Use of Surgical Energy

Clinical Objectives

The learner understands the mechanisms of and hazards associated with an electrosurgical unit (ESU), as well as the risks to the patient and personnel during use of an ESU. The learner is able to explain the safety protocols for the patient and personnel when using an ESU during a procedure. Clinical objectives for the preceptor in teaching new perioperative nurses about electrosurgery include the following:

1. List the components of an electrosurgical unit: generator, active electrode, dispersive electrode, foot switches (monopolar and bipolar).
2. State the difference between monopolar and bipolar electrosurgery.
3. Explain cutting, coagulation, and blend modes.
4. Explain the rationale for keeping the audible alarms active at all times.
5. Explain the rationale for turning on the ESU before each use. (This is turning on before each use per the manufacturer to let the ESU run through the diagnostic test. Testing would be performed in the morning when setting up the room and testing the function of all equipment).
6. List the different sizes available for a dispersive electrode.
7. Discuss the circumstances that dictate the use of each size pad.
8. Identify the aspects of skin assessment that must be performed before placement of the dispersive electrode.
9. Describe the appropriate body surface positions for placement of the dispersive electrode pad.
10. Describe the areas where the dispersive electrode should not be placed.
11. Explain the rationale for placing the dispersive electrode after final positioning.
12. Explain what action must be taken if the grounding pad becomes wet during the prep.
13. Explain the rationale for avoiding patient contact with metal (eg, OR bed, stirrups, jewelry).
14. Identify the appropriate location for the active electrode when it is not in use during a surgical procedure.
15. Describe the correct course of action when a surgeon continually requests an increase in the power setting.
16. Identify fire safety preventive measures when an ESU is used in the presence of alcohol-based skin prep agents.
17. Describe the necessary precaution that should be taken during head and neck surgery when the ESU is used in the presence of an oxygen-enriched environment.
18. Explain the rationale for not placing solutions on top of the generator.
19. Explain the actions that should be taken when using multiple ESUs simultaneously.
20. Identify safety measures that should be taken when using an ESU for a patient with a pacemaker.
21. Discuss what adverse reaction can occur when using an ESU.
22. Discuss what adverse reaction can occur when using an ESU for a patient with an implantable cardioverter/defibrillator (ICD).
23. Discuss what safety actions should be taken when using an ESU for a patient with an ICD.
24. Describe potential health risks to patients and personnel when using an ESU.
25. Identify recommendations from the Occupational Safety & Health Administration (OSHA) and the National Institute for Occupational Safety and Health (NIOSH) to reduce potential health risks.
26. Identify what to assess the patient’s skin for after removing the dispersive electrode.
27. List the information that should be documented when an ESU is used.

**Competency Assessment**

The preceptor’s role is to identify and observe the learner’s skills and abilities necessary to safely operate an ESU and to prevent harm to the patient and personnel when the ESU is in use during a procedure. The learner will be able to:

1. Identify parts of an electrosurgical unit (ESU): generator, active electrode, dispersive electrode, foot switches (monopolar and bipolar).
2. Turn on the ESU, confirming that the audible alarm is turned on.
3. Demonstrate adjusting the power settings on the ESU.
4. Demonstrate proper assessment of the patient’s skin before applying the dispersive electrode.
5. Remove hair from the pad site, if necessary according to policy.
6. Demonstrate appropriate application of the dispersive electrode by selecting:
   a. proper size of dispersive electrode
   b. same surgical side and as close to incision site as applicable
   c. a clean, dry skin area with a large well-perfused muscle mass
7. Place dispersive electrode after final patient positioning.
8. Connect the active electrode and dispersive electrode into the designated receptacles on the ESU.
9. Confirm power settings with the surgeon.
10. Explain that the active electrode should be placed in the insulated holster when not in use.
11. Report to the team, if an alcohol-based skin prep was applied.
12. Identify the designated amount of time required for the prep to dry per the manufacturer’s written instructions before draping begins and ensures that the team waits.
13. Demonstrate disconnecting the active and dispersive electrode cords and turning off the ESU at the end of the procedure.
14. Demonstrate removal of the dispersive electrode following the procedure by carefully holding the adjacent skin in place and peeling the pad back slowly.
15. Conduct adequate skin assessment after removing the dispersive electrode.
16. Document necessary information per the facility’s policy and procedures.
QSEN Competencies

a. Quality (A): model behaviors effective of a commitment to high quality outcomes
b. Quality (A): demonstrate commitment to process improvement
c. Safety (S): Integrate strategies and safety practices to reduce risk of harm to patients, self and others (e.g. risk evaluation and mitigation strategy)
Perioperative Safety: 3 Modules: Introduction; Equipment Focus; Patient Focus

Clinical Objectives

Note: These three modules are closely related to each other and may be addressed as one unit in a skills lab.

The learner understands the importance of the safety precautions necessary to prevent injury or harm to the patient before and during a surgical or minimally invasive procedure. Clinical objectives for the preceptor in teaching new perioperative nurses about safety in the surgical suite include the following:

1. Discuss the nurse’s responsibility for safety in the OR.
2. Discuss the purpose of the Joint Commission’s National Patient Safety Goals.
3. Identify and discuss the three-step process as part of the Joint Commission’s Universal Protocol to promote correct site surgery.
4. Discuss safe patient transfers within the OR.
5. List factors that contribute to intraoperative injuries.
6. List the three parts of the fire triangle.
7. Identify the common sources for each component of the fire triangle.
8. Explain the acronym RACE.
9. Explain the acronym PASS.
10. Discuss fire safety guidelines that are specific to the perioperative setting.
11. Discuss electrical safety guidelines.
12. Discuss laser safety guidelines.
13. Discuss radiation safety guidelines.
14. Discuss guidelines for volatile liquids.
15. Discuss guidelines for the safe use of various pieces of equipment used in the perioperative setting.
16. Explain the purpose of using a pneumatic tourniquet.
17. Recall types of surgical procedures where a pneumatic tourniquet would be used.
18. Discuss safety measures that are required when using a pneumatic tourniquet.
19. Identify potential complications from the use of the pneumatic tourniquet.
20. List the items that are necessary when preparing to apply a tourniquet.
21. Define and explain the use of the Bier Block Technique.
22. Discuss documentation that is required when using a pneumatic tourniquet.

Competency Assessment

The preceptor’s role is to observe the learner to assess his or her ability to demonstrate the skills that are necessary to prevent injury or harm to the patient. The learner will:

1. Properly identify and verify the correct patient in accordance with facility policy and procedures.
2. Properly confirm site marking in accordance with facility policy and procedures.

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3. Perform a time out in accordance with facility policy and procedures.
4. Illustrate the proper use of a fire extinguisher.
5. Locate oxygen shut-off valves and verbalizes understanding of protocol for emergency shut-off.
6. Demonstrate the proper use of basic equipment utilized in routine surgical procedures:
   a. operating room beds
   b. overhead lights
   c. electrosurgical units
   d. suction devices
   e. Mayo stands
7. Correctly apply a pneumatic tourniquet and uses the proper settings for the equipment.

**QSEN Competencies**

a. Quality(S): Use quality indicators and benchmarks for improving system processes and outcomes.
b. Quality (K): Evaluate the relevance of quality indicators and their associated measurement strategies.
c. Quality (K): Analyze the impact of linking payment to quality improvement.
**Scrubbing, Gowning, and Gloving**

**Clinical Objectives**

The learner understands the importance of performing a proper surgical hand scrub and donning a sterile gown and gloves, and how these activities relate to the prevention of surgical site infections.

Clinical objectives for the preceptor in teaching new perioperative nurses about scrubbing, gowning, and gloving include the following:

1. Explain the purpose of a surgical hand scrub.
2. Differentiate between transient and resident microorganisms.
3. List the necessary steps in preparation to perform a surgical hand scrub.
4. Discuss how far up the arm the surgical scrub should extend.
5. State the differences between the surgical hand scrub and the alcohol-based hand rub procedure.
6. Describe the procedure for the traditional hand scrub.
7. Explain how many minutes to perform a surgical scrub when using the following antimicrobial agents:
   a. chlorhexidine gluconate
   b. povidone iodine
   c. triseptin
8. Define a closed glove technique versus an open glove technique.
9. Identify the sterile areas of the gown.

**Competency Assessment**

The preceptor’s role is to observe the learner and to assess his or her ability to perform a proper surgical hand scrub and don the sterile gown and gloves. The learner will:

1. Don appropriate attire prior to performing surgical hand antisepsis.
2. Open sterile gown and glove on Mayo stand utilizing aseptic technique.
3. Perform correct hand hygiene prior to the surgical hand scrub and immediately after removal of surgical gloves.
4. Complete a hand rub while following manufacturer’s recommendations for the appropriate amount of product and the number of applications.
5. Complete a hand scrub while following manufacturer’s recommendations for the appropriate scrub times.
6. Demonstrate the appropriate procedure for drying hands and arms prior to donning the...
surgical gown.
7. Demonstrate proper donning of the surgical gown and gloves.

QSEN Competencies

a. Quality (A): Value the importance of the use of data in quality improvement
b. Safety (A): Value the process of risk reduction in health systems
c. EBP (S): Implement care practices based on strength of available evidence
Specimens

Clinical Objectives

The learner understands the importance of correctly identifying and labeling specimens and the process of specimen collection for the safety and prevention of harm to the patient. Clinical objectives for the preceptor in teaching new perioperative nurses about care and handling of intraoperative surgical specimens include the following:

1. Identify the reasons a specimen may be sent to pathology.
2. Discuss the responsibility of the circulating nurse when handling surgical specimens.
3. List the five rights of specimen handling.
4. Classify the different ways a specimen can be prepared.
5. Distinguish the difference between routine, frozen section, and gross analysis.
6. Distinguish the difference between an incisional and excisional biopsy.
7. List specimens that are routinely sent dry to the lab.
8. Discuss the different types of tissue and fluid tests.
9. Discuss the steps involved in surgical tissue banking.
10. List the different types of tissue that can be retrieved for future transplantation.
11. Define forensic evidence.
12. Discuss routine guidelines for the care and handling of surgical specimens.

Competency Assessment

The preceptor’s role is to observe the learner and assess his or her skills and abilities that are necessary to correctly handle and care for specimens. The learner will:

1. Demonstrate appropriate care and handling of specimens for the following:
   a. Routine
   b. Frozen section
   c. Gross analysis
3. Appropriately labels all specimens per facility’s policy.
4. Conduct proper safety precautions when handling formalin.
5. Document surgical specimens per facility’s lab and pathology requisitions.

QSEN competencies

   a. Informatics (A): Value the use of information technologies in practice
   b. Safety (S): Promote systems that reduce reliance on memory
   c. T&C (A): Appreciate the risks associated with the handoffs among providers and across transitions in care

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The learner understands the concepts of asepsis, aseptic technique, and sterile technique, as well as how these concepts relate to patient safety and the prevention of surgical site infections. Clinical objectives for the preceptor in teaching new perioperative nurses about aseptic technique include the following:

1. Define asepsis.
2. Differentiate between sterile technique and aseptic technique.
3. Recognize the components of a surgical conscience.
4. Discuss the eight principles of aseptic technique.
5. Define event-related sterility.

Competency Assessment

The preceptor’s role is to observe the learner and assess his or her skills and abilities related to aseptic technique while demonstrating aseptic practices. The learner will:

1. Demonstrate the ability to confirm sterility of items before delivery to the sterile field.
2. Demonstrate the ability to open and deliver a sterile item to the sterile field.
3. Illustrate the sterile parameters of a surgical gown once donned.
4. Acknowledge proper draping of the patient, furniture, and equipment within the sterile field.
5. Demonstrate proper dispensing of fluids onto the sterile field.
6. Perform aseptic delivery of medications to the sterile field.
7. Demonstrate proper movement of non-sterile personnel around the sterile field by:
   a. maintaining a distance of at least 12 inches to prevent contamination
   b. facing the sterile field on approach
8. Acknowledge proper movement of scrubbed personnel in the sterile field by:
   a. remaining close to the sterile field
   b. using back-to-back or face-to-face movements when changing position with other scrubbed personnel

QSEN Competencies

b. Quality (A): Commit to achieving the highest level of processes and outcomes of care
c. Safety (A): Commit to individual accountability for errors
d. EBP (K): Understand the need to define critical questions related to practice and healthcare system delivery.
Sterilization & Disinfection

Clinical Objectives

The learner understands the importance of sterilization and disinfection as they relate to patient safety and the prevention of surgical site infections. Clinical objectives for the preceptor in teaching new perioperative nurses about sterilization and disinfection include the following:

1. Identify the risk factors that contribute to surgical site infections.
2. Classify the four categories of the surgical wound classification system established by the Centers for Disease Control and Prevention (CDC).
3. Explain the criteria for each category of the CDC’s surgical wound classification system.
4. Distinguish between decontamination, sterilization, and disinfection.
5. Classify three categories or levels of disinfection using the Spaulding Classification System.
7. Differentiate between gravity displacement and dynamic air removal (prevac) sterilizers.
8. Identify when it is acceptable to use immediate use steam sterilization for instruments.
9. State the four parameters required for steam sterilization.
10. Discuss peracetic acid sterilization.
11. Discuss hydrogen peroxide gas plasma sterilization.
12. Describe three process controls that are used to ensure that proper conditions are present within the sterilizers.
13. Differentiate between a temperature-specific indicator and an integrator.

Competency Assessment

The role of the preceptor is to observe the learner and assess his or her ability to understand and document intraoperative activities related to ensuring the sterility of items used. The learner should be scheduled to spend time in the sterile processing department learning how to decontaminate, clean, assemble (inspect), and package instruments in preparation for sterilization. The learner will:

1. Demonstrate the knowledge and understanding to correctly classify and document a surgical procedure based on the wound classification system.
2. Verbalize understanding of decontamination, assembly, inspection, and packaging of instruments in preparation for sterilization in the sterile processing department.
3. Demonstrate properly running an immediate use steam sterilization cycle, and documents sterilization according to the facility’s policy for immediate use steam sterilization.
QSEN Competencies

a. Quality (K): Describe strategies for improving outcomes at all points of care.
   Safety (A) Value the contribution of standardization and reliability to safety
b. EBP (A): Value cutting-edge knowledge of current practice
c. EBP (S): Promote a research agenda for evidence that is needed in practice specialty and healthcare setting.
d. Informatics (A): Value systems thinking and use of technology to improve patient safety and quality.
e. Quality (S): Use quality indicators and benchmarks for improving system processes and outcomes.
f. Safety (S): Use best practices and legal requirements to report and prevent harm
g. T&C (S): Function competently within own scope of practice as a member of the healthcare team.
Surgical Draping

Clinical Objectives

The learner understands the different types of drapes and draping materials and the importance of maintaining the sterility of the drapes when draping a patient. Clinical objectives for the preceptor in teaching new perioperative nurses about surgical draping include the following:

1. State the different types of draping material that are available.
2. Differentiate between fenestrated and non-fenestrated sheets.
3. Discuss considerations and guidelines for draping the patient, equipment, and furniture.
4. Recall the different types of surgical drapes that are available for varied surgical procedures.

Competency Assessment

The role of the preceptor is to observe the learner and assess his or her ability to drape patients, equipment, and furniture following sterile technique. The learner will:

1. Demonstrate proper draping techniques using different surgical drapes for the following areas/positions:
   a. abdomen
   b. extremity
   c. head/neck
   d. lateral
   e. lithotomy
   f. perineum
   g. sitting
2. Demonstrate proper draping of equipment and furniture that will be part of the sterile field.
3. Discuss options that can be employed when a drape becomes contaminated.

QSEN Competencies

a. Safety (S): Demonstrate leadership skills in creating a culture where safe design principles are developed and implemented.
b. T&C (S): Work with team members to identify goals for individual patients and populations
c. Quality (S): Identify useful measures that can be acted on to improve outcomes and processes.
d. Safety (A): Appreciate the role of systems problems as a context for errors.
e. EBP (Skills) Exhibit contemporary knowledge of best evidence related to practice and healthcare systems
f. Safety (S): Integrate strategies and safety practices to reduce risk of harm to patients, self and others (e.g., risk evaluation and mitigation strategy [REM])
Clinical Objectives

The learner understands the function of the different categories of surgical instruments and the importance of the care and handling of surgical instruments. Clinical objectives for the preceptor in teaching new perioperative nurses about surgical instruments include the following:

1. State the four basic steps of a surgical procedure.
2. Identify the different types and sizes of knife blades.
3. Describe the different cutting instruments used in orthopedic surgery and neurosurgery.
4. Classify the four categories of instruments.
5. Explain the function of each of the four categories of instruments.
6. Define a neutral zone.
7. Recognize the names of basic instruments.
8. Identify the three basic scissors found in most instrument sets.
9. List the parts of a clamp.
10. Discuss different types of powered instruments and power sources.
11. Discuss intraoperative and postoperative guidelines for handling and processing surgical instruments.
12. Describe the facility’s policy related to performing instrument counts.

Competency Assessment

The role of the preceptor is to observe the learner and assess his or her ability to correctly identify, handle, and care for surgical instruments during and after a surgical procedure. The learner will:

1. Choose the correct instrument by the correct name when requested.
2. Demonstrate the proper handling and passing of instruments during a surgical procedure.
3. Utilize a neutral zone when passing sharps.
4. Demonstrate proper selection and application of the knife blade to the correct knife handle.
5. Perform safe removal of the knife blade from the knife handle.
6. Demonstrate the ability to correctly perform instrument counts.

QSEN Competencies

a. Quality (A): Commit to reducing unwarranted variation in care
b. T&C (A): Value the team approach to providing high quality care.
c. PCC (K): analyze ethical and legal implications of patient-centered care.
The Perioperative Environment

Clinical Objectives

The learner understands the uniqueness of the surgical environment, the roles of each team member, and the importance of maintaining the integrity of the semi-restricted and restricted areas. In addition, the learner understands how the nursing process is implemented in perioperative nursing. Clinical objectives for the preceptor in teaching new perioperative nurses about the perioperative environment include the following:

1. State the three zones of a surgical suite and the areas within each zone.
2. Describe the appropriate attire worn by all staff members within the three zones.
3. Explain the rationale for wearing hospital-laundered surgical attire versus home-laundered surgical attire.
4. Discuss the temperature, humidity, air pressure, and air exchanges within the surgical environment.
5. Identify the different surgical team members and their roles during a surgical procedure.
6. Compare the roles and duties of the scrub person and the circulating registered nurse.
7. Identify the ancillary support personnel and their roles in the daily functions of the surgical suite.
8. List the basic furniture and equipment necessary in every OR suite.
9. Discuss movement around the OR and traffic control during a surgical procedure.
10. Identify each phase of the nursing process, including assessment, nursing diagnosis, outcome identification, planning, implementation, and evaluation, as it pertains to perioperative nursing.
11. Identify the phases of surgery (preoperative, intraoperative, and postoperative) where each part of the nursing process is performed.
12. State why the Perioperative Nursing Data Set (PNDS) was developed.
13. Identify critical, primary, and secondary nursing diagnoses.
14. List interventions that coincide with the critical and primary nursing diagnoses.

Competency Assessment

The role of the preceptor is to observe the learner and assess his or her knowledge about the responsibilities of working within the surgical environment and to assist the learner in applying the nursing process concepts to perioperative nursing. The learner will:

1. Demonstrate wearing the appropriate surgical attire in the following areas:
   a. Unrestricted
   b. Semi-Restricted
   c. Restricted
2. Demonstrate the responsibilities of the scrubbed person when working as the scrub person during a procedure.
3. Demonstrate the responsibilities of the circulator when working as the circulating nurse during a procedure.

4. Demonstrate assessing the surgical suite for the correct furniture and equipment needed for the procedure before the patient enters the room.

5. Demonstrate checking the equipment for proper function before the patient enters the suite for a procedure.

6. Demonstrate proper movement around the sterile field.

7. Verbalize how the steps of the nursing process are being applied to the preoperative, intraoperative, and postoperative care of the surgical patient.

**QSEN Competencies**

a. Quality (K): Describe nationally accepted quality measures and benchmarks in practice setting.

b. Safety (S): Encourage a positive practice environment of high trust and high respect.

c. T&C (K): Understand the roles and scope of practice of each interprofessional team member including patients in order to work effectively to provide the highest level of care possible.

d. PCC (S): Based on active listening to patients, elicit values, preferences and expressed needs as part of clinical interview diagnosis, implementation of care plan as well as coordination and evaluation of care.
Wound Closure and Healing

Clinical Objectives

Note: These two modules are closely related to each other and may be addressed as one unit in a skills lab.
The learner understands the different types and characteristics of suture material and needles that are used during a procedure, as well as how to prevent harm to the patient by counting sharps. The learner has knowledge about the healing process and factors that affect wound healing. Clinical objectives for the preceptor in teaching new perioperative nurses about wound closure and healing include the following:

1. Define the term suture.
2. Identify two main classifications of sutures.
3. Discuss characteristics of suture material.
4. Identify parts of a needle.
5. Differentiate between the three basic needle points.
6. Discuss recommendations for passing needles.
7. Discuss recommendations for counting sharps.
8. Discuss the use of surgical staples as another alternative for wound closure.
9. Identify three phases of wound healing.
10. State three types of wound healing.
11. Identify preoperative factors that may affect wound healing.
12. Identify intraoperative factors that may affect wound healing.

Competency Assessment

The role of the preceptor is to observe the learner and assess his or her knowledge about suture material, as well as observe his or her ability to correctly count sharps. The preceptor will observe the learner's ability to obtain the correct suture material for a procedure based on the physician preference card. The learner will:

1. Choose correct suture material based on the physician’s preference card.
2. Perform proper loading and passing of suture material.
3. Demonstrate correct procedure for counting sharps during a procedure.
4. Select appropriate stapling materials based on the physician's preference card.
5. Demonstrate proper handling of stapling materials.

QSEN Competencies

a. Quality (A): Commit to achieving the highest level of processes and outcomes of care.
b. Safety (A): Value the process of risk reduction in health systems
c. PCC (A): Accept that health literacy is a problem in safe care, especially during the transition to home-based care.

d. PCC (A): Appreciate physical and other barriers to patient-centered care.