

AORN Position Statement on the Role, Value, and Scope of the Perioperative Nursing Professional Development Practitioners and Specialists

POSITION STATEMENT

AORN believes:

- The perioperative nursing professional development (NPD) practitioner/specialist is a designated, specialized role that requires continuity and expertise; it should not be treated as a rotating or temporary assignment.¹
- The perioperative NPD practitioner/specialist is a transformational leader who advances safe, equitable, and evidence-based perioperative care. Their contributions to clinical excellence, team cohesion, and well-being are essential in shaping a resilient, competent, and ethically engaged perioperative workforce. Their value lies in:
 - **improving patient safety** by integrating evidence-based practices into onboarding and continuing education activities
 - **supporting team well-being** by providing psychologically safe learning environments and mentorship during role transitions
 - **driving system-level improvements** by embedding education into quality initiatives and interdisciplinary collaboration
 - **promoting equity** by preparing perioperative teams to deliver care that is both clinically competent and ethically grounded
- The perioperative NPD practitioner/specialist fulfills a multifaceted role that includes:
 - Education and Professional Development
 - Designing and facilitating orientation programs that blend didactic learning, simulation, and reflective practice
 - Developing and facilitating ongoing education and professional development initiatives that apply evidence-based teaching and learning strategies and incorporate innovative, learner-centered delivery modalities
 - Implementing core competencies from the
 - National League for Nursing's Core Competencies for Academic Nurse Educators²
 - Nursing Professional Development: Scope and Standards of Practice³
 - Perioperative Nursing: Scope and Standards of Practice⁴
 - Supporting lifelong learning through certification and continuing education
 - Leadership and Mentorship
 - Mentoring nurses across the continuum of experience in the profession, fostering growth, confidence, and cohesive team practice.
 - Enhancing workplace culture by integrating educational, clinical, and leadership responsibilities

- Evidence-Based Practice Mentorship
 - Integrating current research, clinical expertise, and AORN Guidelines for Perioperative Practice to develop, implement, and evaluate educational programs that promote evidence-based decision-making, improve patient outcomes, and ensure alignment with national standards of care
 - Serving as an evidence-based practice mentor by guiding nurses in locating, appraising, and applying current evidence to clinical practice (ie, through modeling inquiry, facilitating journal clubs, and translating AORN Guidelines into daily workflows)
 - Empowering staff to confidently integrate evidence-based practices that enhance patient safety and surgical outcomes
 - Evaluating outcomes of evidence-based practice initiatives to determine the effectiveness of implemented changes, assess impact on patient safety and perioperative workflows, and guide ongoing improvement
 - Disseminating project findings through peer-reviewed publications, conference presentations, or poster presentations to advance nursing practice, strengthen organizational learning, and contribute to the broader perioperative evidence base
- Support and Resilience
 - Providing emotional and professional support during transitions, skill acquisition, and professional identity shifts
 - Prioritizing access to protected time, resources, and institutional support for comprehensive education programs
- Collaboration and Health System-Level Impact
 - Promoting interdisciplinary collaboration
 - Contributing to continuous improvement and fostering a just culture within perioperative practice
- In fulfilling this vital role, the perioperative educator should:
 - Hold relevant academic credentials (eg, BSN, MSN, DNP, DNE, PhD)
 - Have expertise in perioperative nursing and hold specialty certifications (eg, CNOR, CRNFA, CPAN, CNAMB)
 - Have expertise in adult learning principles and hold specialty certifications (eg, NPD-BC, NPDA-BC, CNE, CNEcl)
 - Be proficient in simulation-based education, competency assessment, and evidence-based teaching strategies
 - Exhibit leadership and emotional intelligence and model a commitment to professional development

RATIONALE

The perioperative NPD practitioner/specialist plays a pivotal role in advancing the goals outlined in *The Future of Nursing 2020–2030*, which calls for structured, equitable transition-to-practice pathways to support nurse well-being, clinical excellence, and health equity.⁵ In perioperative settings, the educator operationalizes those goals by creating psychologically safe, learner-centered environments that support nurses through onboarding, residency, and fellowship programs.⁶

The perioperative NPD practitioner/specialist is a transformational leader whose contributions to education, mentorship, and system-level improvement are supported by a robust body of evidence. Their role is essential to advancing safe, equitable, and evidence-based perioperative care.

Educators improve patient safety by translating guidelines into measurable standards and embedding evidence-based practices into onboarding and continuing education. Ramage and Foran identified that organizational and educational barriers limit compliance with evidence-based practice and emphasized the educator's role in removing these barriers.⁷ Valli demonstrated how perioperative guideline recommendations were converted into 103 measurable standards and 164 elements to support implementation and auditing.⁸

Simulation-based education, a core strategy used by perioperative educators, has been shown to enhance both technical and nontechnical competencies. Kaldheim et al found that interprofessional simulation fostered competence in acute situations, teamwork, and professional identity among new perioperative nurses.⁹ Bwanali et al confirmed that simulation-based perioperative education significantly improved self-competence and knowledge acquisition in undergraduate nursing students.¹⁰ Pai et al further supported simulation's effectiveness in crisis resource management and interdisciplinary teamwork.¹¹

Structured mentorship and transition programs are critical to developing competent practitioners and reducing turnover. Nijkamp et al identified the importance of structured orientation and mentorship for new graduates entering perioperative nursing.¹² Kaldheim et al highlighted the emotional and professional challenges faced by newly graduated perioperative nurses and the need for comprehensive support systems.¹³ Miranda et al documented a coaching program that increased CPAN/CAPA certification rates by 15% over 2 years, demonstrating the educator's role in promoting lifelong learning.¹⁴

Psychological safety and resilience are foundational to effective perioperative practice. Li et al found that career, practical, and personal support strengthened nurse resilience, and recommended development of multi-level organizational policies.¹⁵ Foster et al emphasized the role of reflective practice and supportive relationships in building resilient teams.¹⁶ Shoemark and Foran linked hierarchical cultures and fear of blame to impaired advocacy; they recommended open communication and non-punitive reporting to improve safety culture.¹⁷ National initiatives, such as the National League for Nursing Well-Being Resource Center¹⁸ and Healthy Nurse, Healthy Nation,¹⁹ reinforce these findings by promoting institutional strategies that prioritize nurses' mental health, peer support, and systemic approaches to well-being and retention.

At the system level, perioperative NPD practitioner/specialists drive interdisciplinary collaboration and quality improvement. Maheta et al found that interdisciplinary interventions involving nurses led to clinically meaningful improvements in patient-reported outcomes.²⁰ Nedelcu et al showed that educator-led strategies improved compliance with communication and hand-over protocols.²¹ Adisa et al emphasized the global impact of perioperative education in improving outcomes across diverse health care settings.²²

To fulfill their responsibilities, perioperative NPD practitioner/specialists must possess advanced academic preparation, clinical expertise, and proficiency in adult learning principles. Manderscheid et al and Mihelich and Burson reinforced the importance of competency-based education frameworks in preparing educators to lead transformation in clinical practice.^{23,24} Mossenson et al presented a facilitator competency framework that underscores the importance of skilled simulation facilitation.²⁵

The educator also fosters resilience and professional identity among perioperative nurses, especially during transitions from novice to expert roles. This includes simulation-based learning, mentorship, and emotional support strategies that have proven effective in both academic and clinical settings.^{26,27}

In times of disruption, such as the COVID-19 pandemic, perioperative NPD practitioner/specialists demonstrated agility and innovation by rapidly adapting education delivery methods to maintain continuity and safety.²⁸ Their leadership in these moments underscores their essential role in system-level preparedness and response.

Finally, the qualifications of the perioperative NPD practitioner/specialist—grounded in National League for Nursing’s Core Competencies for Academic Nurse Educators,² Nursing Professional Development: Scope and Standards of Practice,³ and Perioperative Nursing: Scope and Standards of Practice⁴—ensure that they are equipped to lead, teach, and mentor with excellence. Their pursuit of specialty certifications and ongoing professional development further validates their expertise and commitment to advancing the profession.²⁹ In sum, the perioperative NPD practitioner/specialist is a strategic partner in shaping a resilient, competent, and ethically engaged perioperative workforce. Their multifaceted contributions—grounded in evidence—validate AORN’s position that this role is indispensable to the future of evidence-based perioperative practice.

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PUBLICATION HISTORY

Original approved by the membership: June 30, 2021

Revision pending approval by BOD and membership: April 2026

Sunset review: +5 years from approval

DRAFT