Question of Week #39

Professional accountability

You are the perioperative staff educator for a mid-size community hospital. A regional school of nursing has contacted you about possible clinical site placements for their BSN students’ senior practicum. Currently nursing students “shadow” a patient from pre-op through PACU. There is very little interaction between the students and the staff beyond nurses counseling them “not to touch anything that’s blue”.

You are very excited about the opportunity to provide a more in-depth perioperative experience with future nurses. During a staff meeting, you announce the proposed plan and ask your staff about volunteering to be preceptors. Some of the nurses, however, do not share your enthusiasm. Several are concerned about a student “working under their license” and being responsible for any errors that are made. Others feel that they will not be able to teach a student “who doesn’t know anything about the OR” and take care of a patient at the same time. The discussion becomes so heated you are beginning to reconsider the judiciousness of the original request. You tell the staff that before final approval to place students is made, you will do a little more homework on nursing students and clinical experiences. What further information related to mentoring students can you provide your staff? Provide the evidence-based rationale for your response.

Response:

Many factors have contributed to the current nursing shortage. A faculty shortage (which includes clinical faculty) and a short supply of student placement sites means that thousands of qualified applicants are turned away from nursing schools every year (Allan & Aldebron, 2008). This does not bode well for nursing in general and perioperative nursing in particular. It is estimated that approximately 20% of all perioperative nurses will retire within the next 5 years (Messina et al., 2011).

The perioperative area is seldom chosen as a clinical site due to established curricular requirements (Messina et al., 2011). This is coupled with the fact that few instructors have a perioperative background and thus have little knowledge of the wealth of experiences this area can provide students in the pre-, intra- and postoperative areas. Schools are beginning to look at the benefits of alternative site placements that will help alleviate the shortage of quality clinical sites, meaning that students are shown a new specialty area of nursing frequently given little or no exposure in traditional nursing curricula (AORN, 2009a). The facility, the school, and ultimately the student can all benefit from “thinking outside the box” by using the perioperative department as a designated education unit (DEU).

A senior experience in the OR can help determine the student’s compatibility with perioperative nursing. Finding out that working in the OR frequently entails weekends, holidays, and call is good information to have before, rather than after, accepting a position. Even if the OR is not chosen as an employment option, the skills learned during the experience can be applied to any other specialty area of nursing.

The hospital, meanwhile, is able to “preview” a potential employee without the expense of recruitment and orientation. Every student should be viewed as a potential employee. A main objective of the experience should be to provide enough real-life exposure to the OR to allow the student to be able to make an informed decision about working in this specialty after graduation (Castelluccio, 2012). A caveat is that the experience needs to have an immediate, positive effect to be an effective recruiting tool (Castelluccio, 2012). Cost savings may be realized by clinical time offsetting a portion of the amount of time needed for orientation. There is a real possibility of hiring younger, better educated staff than through traditional methods of recruiting. Perhaps the greatest benefit to implementing a senior
practicum experience is to the staff, which is able to see firsthand the impact life-long learning has on all generations of nurses.

The purpose of a senior practicum is to serve as a bridge between school and independent professional practice. With the advent of technology which accommodates testing at any time, “graduate nurses” are no longer recognized as fulfilling that period between graduation and taking state boards. The senior practicum thus serves as a learning “buffer” before obtaining a license which denotes minimal competence as a registered nurse. The wise facility will look at this experience as a way to “preview” prospective employees; the wise student will approach the experience as testing the waters to determine if this area of nursing is right for him or her. Both approaches will help to decrease the $59,000 it takes to orient an inexperienced nurse to the perioperative setting (Trice, L.B., et al., 2007).

Senior experience, practicum, or capstone courses vary in length of time based on the individual program and state boards of nursing, but typically average 90 - 144 hours, with the expectation that the student becomes immersed in the experience. “Observation” is not the goal of a senior practicum experience. Clinical hours are precious, and should be used wisely.

To aid in making a decision on implementing a senior student practicum into the department, the nurse educator may want to explore the following ideas:

1. Include the staff in the decision-making and planning process. “Owning” the experience makes it much more likely to be embraced by staff than an edict passed down by administration. One way is to recommend selecting a multi-disciplinary team to interview potential student candidates. A good initial exercise is to have staff draft a list of personality traits necessary for success in the OR.

2. Ask the school of nursing faculty to provide staff with an overview of the course, including student and school objectives and goals. This will help align school and facility expectations and determine if the program will be compatible with the unit’s culture. Schools should provide the facility with a copy of the syllabus, mandatory safety courses (including OSHA and BLS), current skills, and specific tasks which the student may and may not perform while in the facility. Academic faculty should assist in coordinating and evaluating student assignments so that they meet goals of the course. The current rubric for assessing student performance in the clinical setting may need to be adjusted to accommodate the unique needs of the perioperative environment (Isaacson & Stacy, 2009).

3. The importance of providing competent preceptors cannot be overemphasized. Kim (2007) found that the amount of interaction with a preceptor had a direct correlation with the student’s perceived competence in nursing skills. Being an expert nurse, however, does not necessarily translate into being an expert preceptor. It is crucial that nurses who can serve as positive role models are selected as preceptors. The unit’s current culture related to precepting needs to be reviewed. Is precepting part of the job description, or included as a requirement for clinical ladder or other promotional processes? What types of education and other support are offered persons interested in becoming preceptors? What do staff view as the intrinsic and extrinsic rewards for precepting? Do nurses consider mentoring part of their own professional responsibility and development (AORN, 2009b)?

Consider partnering with the school to include OR staff in its clinical instructor or adjunct faculty positions. Some schools offer a discount on tuition to their clinical faculty, making this an attractive benefit for those nurses considering furthering their education. The nurse educator and manager should look at the current preceptor/orientation program to see if changes need to be made to accommodate a student’s special learning and performance evaluation needs.
4. The staff’s concern about patient safety is a valid one, which can be addressed by “front loading” skills needed to function in the OR prior to patient contact. Ask staff who will not be preceptors to provide instruction and oversight during skills labs and lectures; an additional, unseen benefit is that it encourages them to become current on best practices.

5. Assign a staff nurse to research the state board of nursing’s statements regarding scope of practice and delegation as they relate to student nurses and report the findings to the staff. A popular misconception is that students and other unlicensed personnel “work under” a nurse’s license. Licensure restricts entry into professional practice in an effort to protect the consumer (patient). A license gives permission to practice to the person whose name is on the card; this permission (which includes the education and training required for licensure) cannot be transferred to someone else. Close supervision of appropriately delegated tasks will help to decrease the chances for errors committed by inexperienced students.

6. Many programs require a paper and presentation as part of meeting the course requirements. Ask the student to give the presentation to staff during an in-service at the end of the rotation. This not only gives the student valuable experience in public speaking, but also gives the staff insight into the department’s functioning as seen through a fresh set of eyes.

This type of program requires support from not only the RN staff but administration, physicians, surgical technologists, support personnel-everyone in the perioperative department. This is not the educator’s “problem” but a viable long-term solution to recruiting and retaining quality nurses. A successful model for a senior student experience can serve as a template for other areas of the hospital, especially those which may not traditionally accept students or that requires a protracted training period (e.g., the ICU and ED) which makes orientation and retention especially expensive in terms of time and resources. Once again perioperative nurses can serve as the trend setters for promoting best practice related to educating our next generation of nurses.

References and resources:


