Orientation of the Registered Nurse and Certified Surgical Technologist to the Perioperative Setting

POSITION STATEMENT
1. AORN believes there are certain basic components that must be incorporated into the orientation of perioperative registered nurses (RNs) and certified surgical technologists (CSTs) and met consistently to ensure optimal patient outcomes. This position statement on orientation does not apply to registered nurses or surgical technologists who are contracted travelers.

NOTE: In collaboration with the perioperative RN in the circulating role, the CST* functions as a member of the team to maintain an environment that facilitates a safe patient outcome.

2. AORN supports the use of an outcomes-focused orientation process that incorporates the outcomes defined in the Perioperative Nursing Data Set. The following topics should be developed by the organization and incorporated into the orientation of perioperative RNs and CSTs* as applicable..

Domain 1: Safety. The patient will be free of signs and symptoms of acquired physical injury. (Patient-specific outcomes are in parentheses.)

- Prevention of retained surgical items (O.20)
- Electrosurgical safety (O.10, O.70)
- Laser safety (O.90)
- Medication safety (O.130)
- Positioning (O.80)
- Radiation safety (O.110)
- Smoke evacuation (O.90)
- Specimen handling (O.40)
- Universal Protocol (O.30)
- Pneumatic Tourniquets (O.60)
- Equipment/instrumentation/supplies:
  - Minimally invasive (ie, endoscopic) equipment (O.60)
  - Powered equipment (O.10)
  - Basic instrumentation (O.10)
  - Basic OR equipment (eg, tables, lights, electrosurgical unit, suction) (O.80, O.60)
- Implants (ie, documentation/tracking)

Domain 2: Physiologic response. The patient's physiologic responses to surgery are as expected. (Patient-specific outcomes are in parentheses.).
• Individualized plan of care (O.730)
• Normothermia (O.290)
• Basic life support/code response – cardiac and respiratory status (O.320, O.310)
• Latex allergy (O.100)
• Malignant hyperthermia (O.280)
• Monitoring and sedation (O.310, O.320, O.330)
• Prevention of infection (O.280)
  o Infection control
  o Surgical attire
  o Wound management
  o Instrument processing (ie, care and handling)
  o Sterilization/disinfection
  o Skin preps
  o Scrubbing, gowning, and gloving
• Respiratory status (eg, airway maintenance, assisting with intubation/extubation) (O.310)
• Surgical Implants – Synthetic and Biologic (O.280)

**Domain 3A: Behavioral response.** The patient and family are knowledgeable regarding the perioperative process.

• Advance directives (O31)
• Informed consent (O31)
• Preoperative teaching (includes postoperative self-care) (O18 - O23)

**Domain 3B: Behavioral response.** The patient and his or her family member's rights and ethics are supported. (O26)

• Advocacy (O.23, O.24, O.26)
• Age-specific policies (O.21, O.24)
• Cultural/population-specific policies (O.28)
• Documentation (O24)
• Health Insurance Portability and Accountability Act compliance (O.25).
• Patient privacy policies (O.25)
• Patient self-determination act (O.23)

**Domain 4: Health system concerns.** The perioperative RN and CST* have knowledge regarding the perioperative and health system environment.

• Career advancement
• Certification
• Code of conduct
• Committee participation
• Communication
• Critical thinking
• Disaster planning
• Employee rights
• Employee safety
• Environmental responsibility (eg, hazardous waste, sustainability)
• Fire safety
3. The recommended duration for orientation of a novice perioperative RN should be six to twelve months.

4. Orientation for a novice perioperative RN should include both a didactic and clinical component.

5. The recommended duration for orientation of a novice CST* should be up to six months.

6. Entry into practice for a CST* must follow graduation from an accredited surgical technology program.

7. The recommended duration for orientation of an experienced perioperative RN or CST* should be a minimum of three months.

8. Completion of an individualized orientation for both novice and experienced RNs and CSTs* should be measured by successful competency assessment that is role and scope specific.

9. Orientation programs should be customized to meet the individual needs of the orientee and incorporate the facility required learning experiences and the orientee's baseline knowledge and preferred learning method.

10. The scope of responsibility of the perioperative RN includes the scrub role as it relates to patient outcomes. Therefore, the perioperative RN should be oriented to both the scrub and circulating roles during the orientation period.

11. The perioperative RN should be oriented to his or her responsibilities in the coordination of care and delegation of specific duties of the scrub role.

12. The orientation process should include orientation to off shifts, weekends, and on-call situations.

13. A basic orientation for a novice perioperative RN or CST* also should include at least 40 hours for every clinical specialty within his or her defined practice area.

14. A skills assessment should be completed to accurately assess competency levels in all specialties for the novice and experienced perioperative RN and CST*.

15. Orientation should be accomplished using a preceptor system (ie, an experienced RN or CST serves as an immediately available resource for the orientee). The orientee should not be included in the staffing numbers ratio.
RATIONALE

- **Orientation Programs**
  
  Facilities vary and one orientation program may not adequately address every need. Orientation timelines and their effect on the budget varies depending on the capacity of the facility. Facilities should consider developing an advisory committee that incorporates both experienced perioperative RNs and CSTs* to work with the orientation coordinator to design and implement both the orientation program and the preceptor development program.

  Before a new perioperative RN or CST* begins to function in his or her environment, the orientation coordinator assesses the ability of the health care system to accommodate the required learning experiences and the orientee's baseline knowledge and preferred learning method. Teamwork is an essential element in a successful orientation program.

- **Scrub Role**
  
  AORN believes that the perioperative RN performing in the role of the scrub person is practicing nursing. Maintaining these skills can present a challenge in some facilities; however, performance in the scrub role enhances the overall competence of the nurse in the circulating role. The perioperative RNs presence in the scrub role does not negate the need for a perioperative nurse in the circulator role. AORN acknowledges the long and rich history of the perioperative RN performing in the role of scrub person.

  The perioperative RN maintains an active presence when performing the scrub role to ensure the appropriate delegation and supervision of scrub duties to new orientees and to maintain an integral link between the scrubbed team members and the circulator, which contributes to achieving optimal patient outcomes. The perioperative RN's presence in the scrub role enhances the perioperative RN's ability to assess and implement a plan of care, including the appropriate delegation of duties to orientees.

  Perioperative nursing practice incorporates cognitive, behavioral, and technical components. When performing in the scrub role, the perioperative RN augments his or her ability to anticipate, plan for, and respond to the needs of the patient, surgeon, and other team members. The perioperative RN is cognizant of patient responses to both planned and unplanned surgical events. He or she contributes to the overall well-being of a patient by being vigilant in assessing the patient's condition.

  **Delegation**

  The perioperative RN is responsible for coordinating care, including delegating technical functions under his or her direct supervision to individuals who are not licensed to practice as an RN based on the individual’s level of training and competency.

  - **Off Shift Orientation**
    
    Off shifts, weekends, and on-call situations present challenges to the new perioperative RN or CST*. Providing adequate support during these new situations
helps to ensure both employee and physician satisfaction and patient safety. It is critical that orientation to these situations is accomplished using a preceptor system (ie. an experienced nurse or certified* surgical technologist serves as an immediate resource for the orientee).

* AORN recognizes that different standards exist across the country with regard to educational preparation and certification of surgical technologists. The Association of Surgical Technologists (AST) supports the certification exam as the outcome indicator for graduation from accredited surgical technology programs. Beginning in August 2011, the CST exam will become the only outcome indicator for accredited programs.

GLOSSARY

**Novice perioperative RN:** any registered nurse who has not worked in the perioperative environment before, including a new graduate, an experienced nurse from another area of nursing, or a nurse with previous OR experience who has not maintained basic competency.

**Novice certified* surgical technologist:** an entry-level practitioner who has recently graduated from an accredited surgical technology program and who has been employed for one year or less. Experienced CSTs* with previous OR experience who have not maintained basic competency also are included in this category.

**Experienced perioperative RN:** a registered nurse with recent perioperative experience. This nurse should have a minimum of two years of experience in a facility of similar size and patient acuity as the hiring facility. A skills assessment should be completed to accurately assess competency levels in all specialties.

**Experienced certified* surgical technologist:** a technologist with recent perioperative experience. This technologist should have a minimum of two years of experience in a facility of similar size and patient acuity as the hiring facility. A skills assessment should be completed to accurately assess competency levels in all specialties.

**Orientation coordinator:** a nurse educator or designated experienced perioperative registered nurse, clinical nurse specialist, and/or nurse manager who is a registered professional nurse.

REFERENCE LIST


Combined revision approved by the Board of Directors February 2011.
Sunset review: February 2016.