

Perioperative Nursing/ RN Advanced Certificate Program

PLAR Candidate Guide

Prior Learning Assessment and
Recognition (PLAR)



Tomorrow
in the making.

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Saskatchewan Polytechnic

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The Perioperative Nursing/RN program is dedicated to removing barriers and broadening the access to programs at Saskatchewan Polytechnic. We believe that adults acquire knowledge and skills through life and work experience that may align with courses within our programs.

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Why consider a PLAR assessment?

PLAR refers to the combination of flexible ways of evaluating people's lifelong learning, both formal and informal against a set of established standards. You can receive academic credit for your relevant lifelong learning. The Perioperative Nursing/RN program recognizes prior learning in a number of ways.

We recognize:

- Previous formal learning from an accredited training institution through transfer of credit.
- Previous informal learning or experiential learning through a comprehensive prior learning and recognition process.

What are the PLAR options?

To be eligible for PLAR, an applicant must first register or already be registered as a Saskatchewan Polytechnic student.

Option A: Individual course challenge

If you have 2000 hours or more of recent (within the past five years) successful experience in the perioperative nursing field, and have learned the skills and knowledge for one or more of the Perioperative Nursing/RN program courses, you may apply to be assessed for each applicable course.

Fees:

- There will be a charge for each individual course assessment.
- For a listing of the specific PLAR fees, check the [PLAR database](#) or call Saskatchewan Polytechnic and ask to speak to the PLAR advisor/counsellor assigned to the Perioperative Nursing RN program at: 1-866-467-4278.

Note: There will be additional fees to cover the cost of lab supplies and equipment for NURS 202 Psychomotor Skills Lab and CLIN 221 Perioperative Nursing Practice/RN. These fees will be determined at the time of the assessment.

How many courses can be challenged through PLAR in the Perioperative Nursing/RN program?

There are 8 courses within 3 components of the Perioperative Nursing/RN program. Presently all courses (theory, lab, and clinical) have PLAR challenges available. You may challenge as many of these courses as you are able to prove prior skills and knowledge through assessment.

Which courses are PLAR-ready?

Perioperative Nursing RN program profile			
COURSE CODE	COURSE NAME	PLAR Challenge(s) <i>available</i> through program	PLAR Challenges(s) not available
ANAT 266	Anatomy Review	✓	
CLIN 221	Perioperative Nursing Practice/RN		X
NURS 202	Psychomotor Skills Lab	✓	
NURS 244	The Surgical Environment	✓	
NURS 245	Perioperative Nursing Process/RN	✓	
NURS 246	Surgical Environment	✓	
NURS 247	Perioperative Nurse/Anesthesia/RN	✓	
NURS 248	Surgical Procedures	✓	

For assistance call Saskatchewan Polytechnic and ask to speak to the PLAR advisor/[counsellor](#) assigned to the Perioperative Nursing RN at: 1-866-467-4278.

Is PLAR available at any time of the year?

PLAR challenges are currently being offered September to June of each academic year.

Is it *easier* to challenge a course through PLAR or take the course?

Neither is easier. By using PLAR you may reduce the repetition of studying information that you already know. The PLAR process allows you to demonstrate knowledge you already have.

PLAR is not an easy way to certification, rather a “different” way to obtain certification. Your personal level of skill and experience will dictate which courses you choose to challenge. The self-audit section found later in this guide will help you decide if you have a good match of skill and knowledge for a specific course.

Methods of assessing prior learning

Assessment methods measure an individual's learning against course learning outcomes. The assessment methods listed below are the ones most commonly used, but other forms of flexible assessment may be considered. These assessments may include one or a combination of the following assessment tools:

- product validation & assessment
- challenge exam
- standardized tests
- performance evaluations (including skill demonstrations, role plays, clinical applications, case studies)
- interviews and oral exams
- equivalency (evaluations of learning from non-credit training providers)
- evidence or personal documentation files (providing evidence of learning from life and work experiences and accomplishments)

If I live out of town, do I have to travel to a main campus to do PLAR?

There will be times that you will need to meet with the program on campus. However, we will try to keep travel to a minimum.

What if I have a disability & need equity accommodations?

At Saskatchewan Polytechnic, we understand that sometimes services must be provided to students in a variety of ways to achieve the goals of fair representation. Therefore, the range of services provided for Education Equity students is as diverse as the needs of those students. We strive for equity (not uniformity) and provide varied services for students with differing needs. If more information is required, please contact a Saskatchewan Polytechnic counsellor at a campus closest to you or refer to the Saskatchewan Polytechnic Web site:
<http://saskpolytech.ca/student-services/support/counselling-services.aspx>

Are there other methods to gain Saskatchewan Polytechnic course credits for prior learning?

Transfer Credit

Yes, Saskatchewan Polytechnic will grant credit for previous training that is similar in content, objectives, and evaluation standards to Saskatchewan Polytechnic training. Transfer of credit is different from the PLAR process. transfer credit guidelines may be found at:
<http://saskpolytech.ca/admissions/resources/transfer-credit.aspx>

It is the student's responsibility to check with [registration services](#) for specific campus procedures on this policy. For specific information and guidelines regarding transfer of credit, contact a [Saskatchewan Polytechnic educational counsellor](#).

Equivalency Credit

Equivalency credit refers to the application of credit you may have earned in a previously taken Saskatchewan Polytechnic course to your current Saskatchewan Polytechnic course. Apply at registration services for *equivalency credit*. This process should also be completed prior to your PLAR challenge. If these credits cannot be used for *equivalency credit*, you may use these accredited courses as part of your evidence for your PLAR challenge.

Contact us

If more information is required, please contact a designated PLAR counsellor at a campus closest to you.

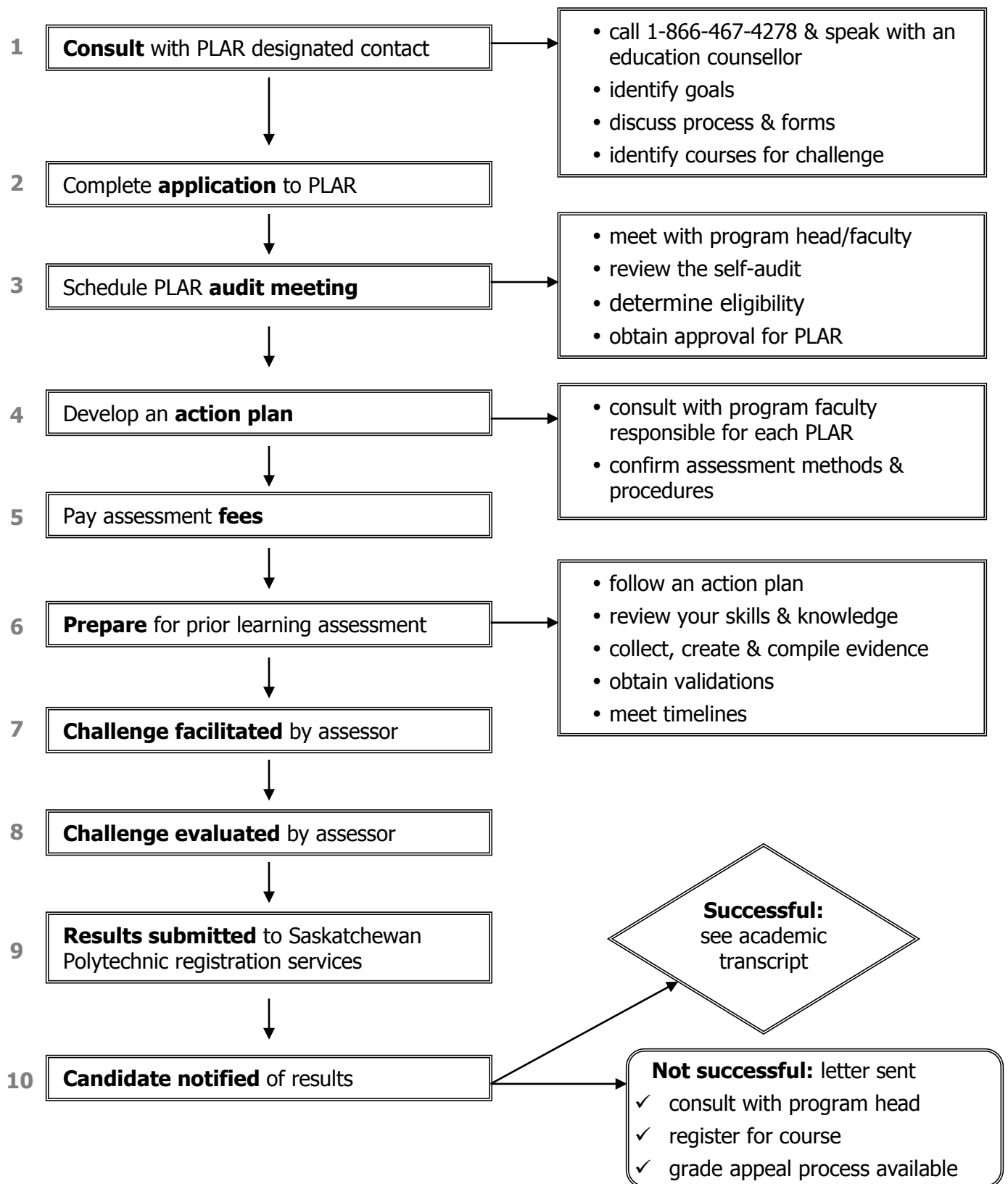
Saskatchewan Polytechnic in Moose Jaw
Counselling Services, Room 2.203
306-691-8311 or 306-691-8310
palliscounselling@saskpolytech.ca

Saskatchewan Polytechnic in Prince Albert
Counselling Services, Room F203 (Technical Centre)
306-765-1611
woodlandcounselling@saskpolytech.ca

Saskatchewan Polytechnic in Regina
Counselling Services, Room 228
306-775-7436
wascanacounselling@saskpolytech.ca

Saskatchewan Polytechnic in Saskatoon
Counselling Services, Room 114
306-659-4050
kelseycounselling@saskpolytech.ca

Prior Learning Assessment and Recognition process



Guiding principles for developing a PLAR evidence file

1. As you begin the PLAR process you will be advised if any evidence is required. This will be identified in your [action plan](#). Check with the PLAR designated contact **before** you begin to gather evidence.
2. Evidence must be valid and relevant. Your evidence must match the learning outcomes identified for each course.
 - It is your responsibility to create, collect and compile relevant evidence – if required.
3. Learning must be current, 2000 hours or more of recent (within the past five years), successful experience in perioperative nursing.
4. The evidence should demonstrate the skills and knowledge from your experiences.
5. The learning must have both a theoretical and practical component.

Types of evidence

There are three types of evidence used to support your PLAR request:

1. Direct evidence – what you can demonstrate for yourself.
2. Indirect evidence – what others say or observe about you.
3. Self-evidence – what you say about your knowledge and experience.

Ensure that you provide full evidence to your perioperative nursing faculty assessor so that your prior learning application is assessed appropriately. Well organized, easy to track evidence will also ensure that none of the evidence is missed or assessed incorrectly.

Here are some examples of evidence that you may be requested to submit as part of your evidence file (if required):

- resource lists
- written descriptions and analysis
- experience (activity) outlines
- philosophy statement
- observations
- workplace validations
- work samples
- photos of environments
- videotapes

All documents that are submitted to Saskatchewan Polytechnic may be returned to the student after the final results have been given and the grade appeal deadline of seven days has passed. A copy of transcripts and certificates may be included in your evidence file, but be prepared to show original documents at the PLAR audit meeting for validation.

How long will it take to prepare evidence for PLAR?

Since the requirements are different for each course, and each candidate has different experiences, the amount of time it takes to prepare your evidence will vary.

Steps to complete a self-audit

1. Read through the levels of competence as listed below.

Mastery:	I am able to demonstrate the learning outcome well enough to teach it to someone else.
Competent:	I can work independently to apply the learning outcome.
Functional:	I need some assistance in using the outcome.
Learning:	I am developing skills and knowledge for this area.
None:	I have no experience with the outcome.

Learning outcomes

For each learning outcome listed, please self-evaluate your competency levels and record in the appropriate column for each self-audit.

2. Take a few minutes and read through the following self-audit for each course you are interested in as a PLAR candidate.
3. Check your level of competence as you read through each of the learning outcomes for each course. The information will help you in your decision to continue with your PLAR application.
4. In order to be successful in a PLAR assessment, your abilities must be at the competent or mastery level for the majority of the learning outcomes. Some things to consider when determining your level of competence are:
 - How do I currently use this outcome?
 - What previous training have I had in this outcome: workshops, courses, on-the-job?
 - What personal development or volunteer experience do I have in this area?

Be prepared to explain the reason you chose this level if asked by an assessor.

5. Bring the completed self-audit to a consultation meeting with the program head or faculty member in [step 3 – PLAR process](#) of the candidate process for prior learning assessment.

Self-audit guide(s)

NURS 244 – Surgical Environment

You will be introduced to the principles of asepsis, sterilization, disinfection and infection prevention through the implementation of perioperative nursing care standards. You will learn basic technical skills necessary to prepare yourself and the patient for a surgical procedure.

Credit unit(s): 4.0

NURS 244 – Surgical Environment Mastery: I am able to demonstrate it well enough to teach it to someone else. Competent: I can work independently to apply the outcome. Functional: I need some assistance in using the outcome. Learning: I am developing skills and knowledge for this area. None: I have no experience with the outcome.	Mastery	Competent	Functional	Learning	None
1. Discuss the principles of aseptic technique.					
<ul style="list-style-type: none"> ▪ Describe the structure and function of microorganisms 					
<ul style="list-style-type: none"> ▪ Identify microorganisms that are capable of producing infection in a surgical client 					
<ul style="list-style-type: none"> ▪ Describe transmission of microorganisms 					
<ul style="list-style-type: none"> ▪ Outline infection control practices 					
<ul style="list-style-type: none"> ▪ Identify roles and responsibilities related to asepsis 					
2. Discuss the various methods of sterilization.					
<ul style="list-style-type: none"> ▪ Describe the steam sterilization method 					
<ul style="list-style-type: none"> ▪ Describe the gas sterilization method 					
<ul style="list-style-type: none"> ▪ Describe the gas plasma method of sterilization 					
<ul style="list-style-type: none"> ▪ Describe the chemical sterilization method 					
<ul style="list-style-type: none"> ▪ Discuss issues related to the process of sterilization 					
3. Describe the preparation of surgical supplies for sterilization.					
<ul style="list-style-type: none"> ▪ Describe the preparation of linens and dressings 					
<ul style="list-style-type: none"> ▪ Describe the preparation of glassware for sterilization 					
<ul style="list-style-type: none"> ▪ Describe the preparation of rubber goods for sterilization 					
<ul style="list-style-type: none"> ▪ Describe the preparation of surgical instruments for sterilization 					
4. Describe the autoclave sterilization process.					
<ul style="list-style-type: none"> ▪ Describe the loading phase of the sterilization process 					
<ul style="list-style-type: none"> ▪ Describe the heating/destroying phases of the sterilization process 					
<ul style="list-style-type: none"> ▪ Describe the drying/cooling phase of the sterilization process 					

NURS 244 – Surgical Environment Mastery: I am able to demonstrate it well enough to teach it to someone else. Competent: I can work independently to apply the outcome. Functional: I need some assistance in using the outcome. Learning: I am developing skills and knowledge for this area. None: I have no experience with the outcome.	Mastery	Competent	Functional	Learning	None
<ul style="list-style-type: none"> ▪ Evaluate the testing phase of the sterilization process 					
5. Describe cleaning of the surgical theatre.					
<ul style="list-style-type: none"> ▪ Describe the process of disinfection 					
<ul style="list-style-type: none"> ▪ Describe the procedure for cleaning the surgical theatre in each of the following situations: <ul style="list-style-type: none"> ○ before the first operation of the day ○ between operations ○ at the end of the day 					
6. Describe a surgical hand scrub.					
<ul style="list-style-type: none"> ▪ Identify general considerations of the surgical hand scrub 					
<ul style="list-style-type: none"> ▪ Describe the steps involved in a surgical hand scrub 					
<ul style="list-style-type: none"> ▪ Identify alternative surgical hand scrub procedures 					
7. Describe gowning and gloving.					
<ul style="list-style-type: none"> ▪ Identify the purposes and principles of gowning and gloving 					
<ul style="list-style-type: none"> ▪ Outline the steps in the procedure for gowning 					
<ul style="list-style-type: none"> ▪ Outline the steps in the procedure for gloving 					
<ul style="list-style-type: none"> ▪ Describe the procedure for removing soiled attire 					
8. Describe surgical patient positioning.					
<ul style="list-style-type: none"> ▪ Identify nursing considerations related to positioning the surgical client 					
<ul style="list-style-type: none"> ▪ Describe common surgical positions 					
9. Describe preoperative and post-operative skin care.					
<ul style="list-style-type: none"> ▪ Explain preoperative skin care 					
<ul style="list-style-type: none"> ▪ Identify the boundaries of preoperative skin preparation for various types of surgery 					
<ul style="list-style-type: none"> ▪ Describe the mechanical and chemical aspects of perioperative skin cleansing 					
<ul style="list-style-type: none"> ▪ Describe immediate postoperative skin and wound care 					
10. Describe draping a patient for surgery.					
<ul style="list-style-type: none"> ▪ Compare the materials used for surgical drapes 					
<ul style="list-style-type: none"> ▪ Describe the types of surgical drapes 					

NURS 244 – Surgical Environment Mastery: I am able to demonstrate it well enough to teach it to someone else. Competent: I can work independently to apply the outcome. Functional: I need some assistance in using the outcome. Learning: I am developing skills and knowledge for this area. None: I have no experience with the outcome.	Mastery	Competent	Functional	Learning	None
<ul style="list-style-type: none"> Outline the basic principles of surgical draping 					
11. Apply principles of asepsis to simulated clinical situations.					

PLAR assessment methods

If you qualify for PLAR, you may be asked to demonstrate your learning in one or more of the following ways. Be prepared to discuss the expectations during a consultation meeting.

1. Surgical positioning care plan

- See [Appendix B](#) for details.

2. Research assignment: MRSA/VRE in the perioperative settings

- See [Appendix B](#) for details.

The use of various materials in the manufacture of surgical instrumentation provides for the need for different methods of sterilization. Some of these methods are generally safe, economical and dependable. Other methods, however, have caused health care representatives to become concerned about the workers' exposure to chemicals, toxic residues or fumes, and explosive or flammability properties. The response has been to develop safer methods that meet all current sterility and occupational safety requirements.

The health care community is also aware of newly discovered disease-causing organisms that are difficult if not impossible to test for. As well, known disinfection and sterilization methods may be ineffective at destroying the organisms, leading to concern about prevention of their transmission when providing hospital care to the patient.

This assignment is for you to find your own resource that relates to the issue of "Environmental Impact and Health Hazards related to Sterilization Methods". You may perform a search for articles, using the keywords – ethylene oxide sterilization, reprocessing single-use surgical instruments, Creutzfeldt-Jakob disease, drug resistant bacterial infections, or any other example of sterilization issues that may have associated risks or hazards to the patient or healthcare worker, and demonstrate your understanding of this topic. Include a copy of the article.

See [Appendix B](#) for the marking guide.

Note: Students are expected to follow APA guidelines when completing any written research or essay assignment. Please refer to the following website for APA guidelines:

http://cat.uregina.ca/solo/usingresources/when_how_to_cite_your_sources.html

Practical outcomes 5, 6, 7, 9, & 10 will be assessed further in Lab 202.

Resources

1. Rothrock, J. (2011). *Alexander's Care of the Patient in Surgery*, 14th ed. St. Louis, MI: Elsevier/Mosby.
2. Operating Room Nurses Association of Canada. (May, 2011). *Standards, Guidelines, and Position Statements for Perioperative Nursing Practice*, 10th ed. Toronto, ON: Author

NURS 245 – Perioperative Nursing Process/RN

You will review communication skills and apply the nursing process to the perioperative period. You will identify nursing roles and scope of practice in the perioperative setting, patient safety issues and ethical, legal and moral obligations. You will study the principles of post anesthesia nursing care and the safety practices and elements of surgical suite management. You will also explore the concepts basic to ambulatory surgery.

Credit Unit(s): 4.0

Prerequisite: NURS 244, Minimum grade of 60% (concurrent)

NURS 245 – Perioperative Nursing Process/RN Mastery: I am able to demonstrate it well enough to teach it to someone else. Competent: I can work independently to apply the outcome. Functional: I need some assistance in using the outcome. Learning: I am developing skills and knowledge for this area. None: I have no experience with the outcome.	Mastery	Competent	Functional	Learning	None
1. Manage interprofessional communications among team members.					
▪ Respect communication differences					
▪ Practice assertiveness					
▪ Examine the change process					
▪ Apply conflict management skills to perioperative nursing					
▪ Identify power-politics influence in the perioperative environment					
▪ Evaluate stress management techniques					
2. Explain ambulatory surgery nursing care principles.					
▪ Differentiate between ambulatory and inpatient surgery					
▪ Explain ambulatory surgery nursing care principles					
3. Apply recommended safety practices for perioperative nursing.					
▪ Describe considerations regarding operating room procedures, records and forms					
▪ Apply safety measures employed in the identification, transport and transfer of patients					
▪ Discuss safety considerations regarding the prevention of chemical, thermal and mechanical burns					
▪ Discuss considerations for radiation safety in the operating room					
▪ Discuss safety measures associated with the use of electrical equipment					
▪ Discuss environmental hazards and methods used to minimize risk					
▪ Discuss measure taken to ensure personnel safety					

NURS 245 – Perioperative Nursing Process/RN Mastery: I am able to demonstrate it well enough to teach it to someone else. Competent: I can work independently to apply the outcome. Functional: I need some assistance in using the outcome. Learning: I am developing skills and knowledge for this area. None: I have no experience with the outcome.	Mastery	Competent	Functional	Learning	None
4. Identify responsibilities of scrub and circulating team members.					
<ul style="list-style-type: none"> ▪ Describe the procedure for receiving and identifying the surgical patient. Describe the surgical time out. 					
<ul style="list-style-type: none"> ▪ Identify information which contributes to the organization of personnel and theatres 					
<ul style="list-style-type: none"> ▪ Identify responsibilities of the scrub and circulating team members "prior" to the surgical procedure 					
<ul style="list-style-type: none"> ▪ Identify responsibilities of the scrub and circulating team members "during" the surgical procedure 					
<ul style="list-style-type: none"> ▪ Identify responsibilities of the scrub and circulating team members "after" the surgical procedure 					
5. Examine professional, ethical, legal and moral obligations for perioperative nursing.					
<ul style="list-style-type: none"> ▪ Discuss ethical and moral concepts as applied to perioperative nursing 					
<ul style="list-style-type: none"> ▪ Review recommended standards for perioperative nursing practice 					
<ul style="list-style-type: none"> ▪ Examine legal aspects of perioperative nursing 					
6. Apply the nursing process to the perioperative period.					
<ul style="list-style-type: none"> ▪ Apply the assessment phase of the nursing process 					
<ul style="list-style-type: none"> ▪ Apply the planning phase of the nursing process 					
<ul style="list-style-type: none"> ▪ Apply the implementation phase of the nursing process 					
<ul style="list-style-type: none"> ▪ Apply the evaluation phase of the nursing process 					
7. Explain post-anesthesia nursing care.					
<ul style="list-style-type: none"> ▪ Explain the emergence phase from general anesthetic 					
<ul style="list-style-type: none"> ▪ Explain the guidelines for transporting a patient after surgery to the post-anesthetic care unit of the surgical unit 					
<ul style="list-style-type: none"> ▪ Explain nursing care of the post-anesthetic patient 					
8. Identify surgical suite management.					
<ul style="list-style-type: none"> ▪ Describe preoperative nursing services 					
<ul style="list-style-type: none"> ▪ Describe perioperative nursing management 					
<ul style="list-style-type: none"> ▪ Identify surgical suite policies and procedures 					
9. Apply the perioperative nursing process to simulated clinical situations.					

NURS 245 – Perioperative Nursing Process/RN						
Mastery:	I am able to demonstrate it well enough to teach it to someone else.	Mastery	Competent	Functional	Learning	None
Competent:	I can work independently to apply the outcome.					
Functional:	I need some assistance in using the outcome.					
Learning:	I am developing skills and knowledge for this area.					
None:	I have no experience with the outcome.					
<ul style="list-style-type: none"> Apply the perioperative nursing process to simulated clinical situations 						

PLAR assessment methods

If you qualify for PLAR, you may be asked to demonstrate your learning in one or more of the following ways. Be prepared to discuss the expectations during a consultation meeting.

1. Assignment 1

- Surgical nursing care plan (see [Appendix C](#) for example and marking guide).

2. Comprehensive Challenge Exam

- 70 questions multiple choice (see [Appendix A](#) for exam blueprint).

Notes: Students are expected to follow APA guideline when completing any written research or essay assignment. Please refer to the following website for APA guidelines:

http://cat.uregina.ca/solo/usingresources/when_how_to_cite_your_sources.html

Learning outcome 6 will be assessed as part of Lab.

Resources

- Rothrock, J. (2011). *Alexander's care of the patient in surgery*, 14th ed. St. Louis, MI: Elsevier/Mosby.
- Operating Room Nurses Association of Canada. (May, 2011). *Standards, Guidelines, and Position Statements for Perioperative Nursing Practice*, 10th ed. Toronto, ON: Author

NURS 246 – Surgical Equipment

You will learn how to identify, arrange, use and care for surgical instruments and accessory surgical equipment. You will learn to safely prepare and handle supplies for surgical wound closure, perform a surgical count, and manage surgical specimens.

Credit unit(s): 2.0

Prerequisite(s): NURS 244, NURS 245

NURS 246 – Surgical Equipment Mastery: I am able to demonstrate it well enough to teach it to someone else. Competent: I can work independently to apply the outcome. Functional: I need some assistance in using the outcome. Learning: I am developing skills and knowledge for this area. None: I have no experience with the outcome.	Mastery	Competent	Functional	Learning	None
1. Describe the preparation of a surgical theatre for use.					
<ul style="list-style-type: none"> ▪ Identify traffic patterns in the surgical suite 					
<ul style="list-style-type: none"> ▪ Describe the placement, function, and operation of surgical suite furniture and equipment 					
<ul style="list-style-type: none"> ▪ Describe the preparation of a surgical theatre for use 					
2. Identify names and uses of surgical equipment.					
<ul style="list-style-type: none"> ▪ Categorize the types of surgical instruments 					
<ul style="list-style-type: none"> ▪ Identify commonly used surgical instruments in each of the categories 					
<ul style="list-style-type: none"> ▪ Identify the parts of instruments 					
<ul style="list-style-type: none"> ▪ Identify names and uses of surgical instruments 					
3. Care for surgical instruments.					
<ul style="list-style-type: none"> ▪ Outline the procedures for proper handling and care of surgical instruments 					
<ul style="list-style-type: none"> ▪ Describe the procedure for inspecting surgical instruments 					
<ul style="list-style-type: none"> ▪ Identify proper storage practices for surgical instruments 					
4. Describe the preparation of accessory surgical equipment for use in a surgical procedure.					
<ul style="list-style-type: none"> ▪ Describe the electrosurgical unit 					
<ul style="list-style-type: none"> ▪ Describe the pneumatic tourniquet 					
<ul style="list-style-type: none"> ▪ Describe the endoscopic equipment 					
<ul style="list-style-type: none"> ▪ Describe the air-powered equipment 					
<ul style="list-style-type: none"> ▪ Describe the laser equipment 					
5. Describe the guidelines for arranging sterile instruments and supplies for a surgical procedure.					

NURS 246 – Surgical Equipment Mastery: I am able to demonstrate it well enough to teach it to someone else. Competent: I can work independently to apply the outcome. Functional: I need some assistance in using the outcome. Learning: I am developing skills and knowledge for this area. None: I have no experience with the outcome.	Mastery	Competent	Functional	Learning	None
<ul style="list-style-type: none"> ▪ Outline the procedure to open sterile supplies aseptically 					
<ul style="list-style-type: none"> ▪ Describe the procedure used to drape a mayo stand 					
<ul style="list-style-type: none"> ▪ Describe guidelines for arranging sterile instruments and supplies for general abdominal surgery 					
<ul style="list-style-type: none"> ▪ Describe guidelines for arranging sterile instruments and supplies for perineal surgery 					
6. Describe the preparation and use of supplies for surgical wound closure.					
<ul style="list-style-type: none"> ▪ Review wound healing including wound classification 					
<ul style="list-style-type: none"> ▪ Describe methods of surgical wound hemostasis 					
<ul style="list-style-type: none"> ▪ Identify common wound closure materials and their use 					
<ul style="list-style-type: none"> ▪ Identify common surgical needles and their use 					
<ul style="list-style-type: none"> ▪ Describe the preparation of supplies for surgical wound closure 					
7. Describe the safe handling of sterile sutures, sharps, and surgical instruments.					
<ul style="list-style-type: none"> ▪ Describe the steps involved in the safe handling of sterile sutures 					
<ul style="list-style-type: none"> ▪ Describe the steps involved in the safe handling of sterile surgical sharps 					
<ul style="list-style-type: none"> ▪ Describe the steps involved in the safe handling of sterile surgical instruments 					
8. Outline the procedure for completion of surgical counts.					
<ul style="list-style-type: none"> ▪ Identify the procedure for completing and documenting surgical counts 					
<ul style="list-style-type: none"> ▪ Identify safety rules for surgical counts 					
9. Outline the management of surgical specimens.					
<ul style="list-style-type: none"> ▪ Describe the types of surgical specimens 					
<ul style="list-style-type: none"> ▪ Identify the role of the scrub and circulating team members in the management of surgical specimens 					
10. Apply the guidelines for the use of surgical equipment to simulated clinical situations.					
<ul style="list-style-type: none"> ▪ Apply the guidelines for the use of surgical equipment to simulated clinical situations 					

PLAR assessment methods

If you qualify for PLAR, you may be asked to demonstrate your learning in one or more of the following ways. Be prepared to discuss the expectations during a consultation meeting.

1. Assignment

- Surgical equipment safety issues.
- Using library online resources at <http://libraries.gosiast.com/> to access relevant journal articles, choose one or two articles.
- Read and summarize your findings in 1-2 pages. Please refer to [Appendix D](#) for assignment details.

Note: Students are expected to follow APA guideline when completing any written research or essay assignment. Please refer to the following website for APA guidelines:
http://cat.uregina.ca/solo/using-resources/when_how_to_cite_your_sources.html

Learning outcomes 1, 2, 5, 6, 7, 8 and 9 will be covered in Lab.

2. Comprehensive challenge exam

- 70 questions multiple choice (see [Appendix A](#) for exam blueprint).

Resources

1. Rothrock, J. (2011). *Alexander's Care of the Patient in Surgery*, 14th ed. St. Louis, MI: Elsevier/ Mosby.
2. Operating Room Nurses Association of Canada. (May, 2011). *Standards, Guidelines, and Position Statements for Perioperative Nursing Practice*. 10th Ed.: Author

ANAT 266 – Anatomy Review

You will briefly review human anatomy and anatomical terminology in the context of perioperative nursing.

Credit Unit (s): 1.0

Prerequisite (concurrent): NURS 246, Minimum Grade of 60 (concurrent)

ANAT 266 – Anatomy Review Mastery: I am able to demonstrate it well enough to teach it to someone else. Competent: I can work independently to apply the outcome. Functional: I need some assistance in using the outcome. Learning: I am developing skills and knowledge for this area. None: I have no experience with the outcome.	Mastery	Competent	Functional	Learning	None
1. Identify the components of medical terminology.					
▪ Explore prefixes, suffixes and roots of medical terminology					
▪ Interpret medical terminology					
2. Identify the organization of the human body.					
▪ Describe the human body including regions, planes and terms of location and orientation					
▪ Identify the body cavities and organs therein					
▪ Indicate the four types of membranes and their location					
3. Identify the structure of the integumentary, skeletal, muscular and nervous systems.					
▪ Describe the structure of the three layers of the integumentary system					
▪ Identify the major bones and features of the skeletal system					
▪ Describe body joints					
▪ Identify major skeletal muscles					
▪ Describe the nervous system					
▪ Describe the structures of the eye and ear					
4. Identify the structure of the respiratory and circulatory systems.					
▪ Identify the structures of the respiratory system					
▪ Describe the major parts of the heart					
▪ Describe the circulation of blood in the body					
5. Identify the structures of the digestive and endocrine systems.					
▪ Describe the digestive system					
▪ Locate the major glands of the endocrine system					
6. Identify the structures of the urinary and reproductive systems.					
▪ Describe the structure of the urinary system					

ANAT 266 – Anatomy Review		Mastery	Competent	Functional	Learning	None
Mastery:	I am able to demonstrate it well enough to teach it to someone else.					
Competent:	I can work independently to apply the outcome.					
Functional:	I need some assistance in using the outcome.					
Learning:	I am developing skills and knowledge for this area.					
None:	I have no experience with the outcome.					
<ul style="list-style-type: none"> Describe the structure of the male and female reproductive system 						

PLAR assessment methods

If you qualify for PLAR, you may be asked to demonstrate your learning in one or more of the following ways. Be prepared to discuss the expectations during a consultation meeting. We encourage you to PLAR ANAT 266 as it is a review of your anatomy. You are required to do 8 scenarios. You are allowed to use textbooks to reference the questions.

An example scenario question:

A 70 year old farmer presents with melanoma on the left cheek (2.5 cm anterior to his ear) with possible skin grafting from left antero-lateral thigh. The surgeon discovers that the melanoma is more extensive than expected.

1. Which layers of the integument may be involved in the excision of the melanoma?
2. Which of the major motor nerves of the face might be involved?
3. Which of the facial muscles might be involved?
4. Which of the major blood vessels might be involved?

Answers:

1. Epidermis, dermis, and subcutaneous.
2. Maxillary, mandibular and trigeminal nerves. The facial cranial nerve 7, and trigeminal cranial nerve 5. Others may include the zygomatic, buccal, trigeminal ganglion, and the lingual nerves.
3. Zygomaticus major and minor, buccinators, risorius, platysma, and masseter.
4. Superficial temporal artery, facial artery, and the common carotid artery including all branches of the braciocephalic trunk.

Resources

1. Rothrock, J. (2011). *Alexander's Care of the Patient in Surgery*, 14th ed. St. Louis, MI: Elsevier/ Mosby.

Human anatomy textbook of choice is required. If you do not own an anatomy textbook one may be borrowed from the Saskatchewan Polytechnic library.

NURS 247 – Perioperative Nurse Anesthesia/RN

You will use the principles of nursing care of patients during induction and emergency from anesthesia, including emergency procedure protocols.

Credit unit(s): 2.0

Prerequisite(s): NURS 245

NURS 247 - Perioperative Nurse Anesthesia/RN Mastery: I am able to demonstrate it well enough to teach it to someone else. Competent: I can work independently to apply the outcome. Functional: I need some assistance in using the outcome. Learning: I am developing skills and knowledge for this area. None: I have no experience with the outcome.	Mastery	Competent	Functional	Learning	None
1. Describe methods of anesthesia.					
▪ Describe types of anesthesia					
▪ Describe general anesthesia					
▪ Describe local anesthesia with or without IV conscious sedation					
▪ Describe regional anesthesia with or without IV conscious sedation.					
▪ Describe commonly used anesthetic agents and supplies					
▪ Identify the role of the circulating nurse during the perioperative phase					
2. Explain anesthesia nursing considerations.					
▪ Describe general nursing considerations related to anesthesia					
▪ Describe nursing considerations related to pregnant patients					
▪ Describe nursing consideration related to pediatric patients					
▪ Describe nursing consideration related to geriatric patients					
▪ Describe nursing consideration related to bariatric patients					
▪ Describe nursing consideration related to known difficult airway management patients					
▪ Describe nursing consideration related to various patient specific needs					
3. Explain nursing responsibilities in the management of emergency procedures during surgery.					
▪ Describe the types of surgical suite emergencies					
▪ Explain nursing responsibilities and management of emergency procedures during surgery					
4. Apply the principles of perioperative nursing/anesthesia to simulated clinical situations.					

NURS 247 - Perioperative Nurse Anesthesia/RN		Mastery	Competent	Functional	Learning	None
Mastery:	I am able to demonstrate it well enough to teach it to someone else.					
Competent:	I can work independently to apply the outcome.					
Functional:	I need some assistance in using the outcome.					
Learning:	I am developing skills and knowledge for this area.					
None:	I have no experience with the outcome.					
<ul style="list-style-type: none"> Apply the principles of perioperative nursing/anesthesia to a simulated clinical situation 						

PLAR assessment methods

If you qualify for PLAR, you may be asked to demonstrate your learning in one or more of the following ways. Be prepared to discuss the expectations during a consultation meeting.

1. Assignment

- Case study for spinal anesthesia (see [Appendix E](#) for detailed information).

Note: Students are expected to follow APA guideline when completing any written research or essay assignment. Please refer to the following website for APA guidelines:
http://cat.uregina.ca/solo/using-resources/when_how_to_cite_your_sources.html

2. Challenge exam

- Multiple choice
- 40 Questions
- 60% required, no supplemental exam (please refer to [exam blueprint in Appendix A](#))

Example

- 1) Premedication is not always ordered for the surgical patient. Which of the following factors does not influence this decision?
 - a) The patient's response to medication may be unpredictable
 - b) The patient must receive nothing by mouth for at least six hours preoperatively
 - c) The anesthetist can give additional sedative intravenously in the operating room
 - d) The residual effects often prolong the recovery period

Answer: b

- 2) Which of the following is NOT a characteristic of thiopental sodium (pentothal)?
 - a) Can produce fast induction
 - b) Can provide slow recovery
 - c) May cause cardiovascular depression
 - d) May cause laryngospasm

Answer: b

Anesthesia drugs will be examined in NURS 202 and in case study for CLIN 221.

Resources

1. Rothrock, J. (2011). *Alexander's Care of the Patient in Surgery*, 14th ed. St. Louis, MI: Elsevier/Mosby.
2. Operating Room Nurses Association of Canada. (May, 2011). *Standards, Guidelines, and Position Statements for Perioperative Nursing Practice*. 10th ed.: Author

NURS 248 – Surgical Procedures

You will focus on the nursing actions to be performed by the scrub and circulating nurse during surgical procedures, and the specialized care requirements of pediatric and geriatric patients.

Credit unit(s): 4.0

Prerequisite(s) (concurrent): ANAT 266, NURS 244; NURS 247

NURS 248 – Surgical Procedures Mastery: I am able to demonstrate it well enough to teach it to someone else. Competent: I can work independently to apply the outcome. Functional: I need some assistance in using the outcome. Learning: I am developing skills and knowledge for this area. None: I have no experience with the outcome.	Mastery	Competent	Functional	Learning	None
1. Differentiate common incision sites of abdomen.					
<ul style="list-style-type: none"> ▪ Review the structure of the abdominal wall and the location of underlying organs 					
<ul style="list-style-type: none"> ▪ Differentiate common incisional sites of the abdomen and surgeries performed through each approach 					
2. Employ the skills and perioperative nursing principles related to the scrub and circulator roles for general surgery.					
<ul style="list-style-type: none"> ▪ Outline the preparations needed to perform a laparotomy 					
<ul style="list-style-type: none"> ▪ Describe the scrub and circulating roles for general surgery procedures 					
<ul style="list-style-type: none"> ▪ Apply the technical skills required for circulating and scrubbing for general surgery procedures 					
3. Employ the skills and perioperative nursing principles related to the scrub and circulator roles for gynecological procedures and obstetrics.					
<ul style="list-style-type: none"> ▪ Outline the preparations needed for gynecological surgery 					
<ul style="list-style-type: none"> ▪ Apply the technical skills required for scrubbing and circulating for gynecological surgeries 					
<ul style="list-style-type: none"> ▪ Outline the preparations needed for cesarean surgery 					
<ul style="list-style-type: none"> ▪ Apply the technical skills required for scrubbing and circulating for obstetrics surgeries 					
4. Employ the skills and perioperative nursing principles related to the scrub and circulator roles for orthopedic surgery.					
<ul style="list-style-type: none"> ▪ Outline the preparations needed for minor orthopedic surgery 					
<ul style="list-style-type: none"> ▪ Apply the technical skills required in fracture management 					
<ul style="list-style-type: none"> ▪ Apply the technical skills required for scrubbing and circulating for minor orthopedic procedures 					
5. Employ the skills and perioperative nursing principles related to the scrub and circulator roles for genitourinary surgery.					

NURS 248 – Surgical Procedures Mastery: I am able to demonstrate it well enough to teach it to someone else. Competent: I can work independently to apply the outcome. Functional: I need some assistance in using the outcome. Learning: I am developing skills and knowledge for this area. None: I have no experience with the outcome.	Mastery	Competent	Functional	Learning	None
<ul style="list-style-type: none"> ▪ Outline the preparations needed for minor genitourinary surgery 					
<ul style="list-style-type: none"> ▪ Apply the technical skills required for scrubbing and circulating for minor genitourinary procedures 					
6. Employ the skills and perioperative nursing principles related to the scrub and circulator roles for ears, nose, and throat (ENT) surgery.					
<ul style="list-style-type: none"> ▪ Outline the preparations needed for minor ear, nose and throat surgery 					
<ul style="list-style-type: none"> ▪ Apply the technical skills required for scrubbing and circulating for minor ENT surgery 					
7. Employ the skills and perioperative nursing principles related to the scrub and circulator roles for minimally invasive surgery.					
<ul style="list-style-type: none"> ▪ Outline the preparations needed for minimally invasive surgery 					
<ul style="list-style-type: none"> ▪ Describe the scrub and circulator roles for minimally invasive surgery 					
<ul style="list-style-type: none"> ▪ Apply the technical skills required for scrubbing and circulating for minimally invasive surgery 					
8. Apply the principles of perioperative nursing care for pediatric patients.					
<ul style="list-style-type: none"> ▪ Describe nursing considerations in pediatric surgery 					
<ul style="list-style-type: none"> ▪ Identify the preparations needed for pediatric surgery 					
<ul style="list-style-type: none"> ▪ Demonstrate the perioperative nursing care of pediatric patients 					
9. Apply the perioperative nursing care of geriatric patients.					
<ul style="list-style-type: none"> ▪ Describe special considerations of geriatric surgery 					
<ul style="list-style-type: none"> ▪ Identify the preparations needed for geriatric surgery 					
<ul style="list-style-type: none"> ▪ Demonstrate the perioperative nursing care of geriatric patients 					
10. Apply the perioperative nursing care for patients with specialized nursing care requirements.					
<ul style="list-style-type: none"> ▪ Describe special considerations for morbidly obese patient 					
<ul style="list-style-type: none"> ▪ Identify the preparations needed for the morbidly obese patient in surgery 					
<ul style="list-style-type: none"> ▪ Demonstrate the perioperative nursing care of morbidly obese patients 					

NURS 248 – Surgical Procedures Mastery: I am able to demonstrate it well enough to teach it to someone else. Competent: I can work independently to apply the outcome. Functional: I need some assistance in using the outcome. Learning: I am developing skills and knowledge for this area. None: I have no experience with the outcome.	Mastery	Competent	Functional	Learning	None
11. Apply the surgical procedures guidelines to simulated clinical situations.					
<ul style="list-style-type: none"> ▪ Apply the surgical procedures guidelines to simulated clinical situations 					

PLAR assessment methods

If you qualify for PLAR, you may be asked to demonstrate your learning in one or more of the following ways. Be prepared to discuss the expectations during a consultation meeting.

1. Assignment

- Preparing for a Laparotomy ([Appendix F](#))

2. Challenge exam

- Multiple choice
- 60% required, no supplemental exam
- 70 questions (please refer to [exam blueprint in Appendix A](#))

Exams will be written on the computer. If for any reason you do not have access to a computer and internet, please contact office assistant for Perioperative Nursing 1-866-467-4278.

Resources

1. Rothrock, J. (2011). *Alexander's Care of the Patient in Surgery*, 14th ed. St. Louis, MI: Elsevier/Mosby.
2. Operating Room Nurses Association of Canada. (May, 2011). *Standards, Guidelines, and Position Statements for Perioperative Registered Nursing Practice*. (10th ed.). Toronto, ON: Author

NURS 202 – Psychomotor Skills Lab

You will implement the theory and principles of perioperative nursing in the performance of basic skills. Selected psychomotor skills will be demonstrated and you will practice them in a laboratory setting.

Credit unit(s): 2.0

Prerequisite(s): NURS 248

NURS 202 – Psychomotor Skills Lab Mastery: I am able to demonstrate it well enough to teach it to someone else. Competent: I can work independently to apply the outcome. Functional: I need some assistance in using the outcome. Learning: I am developing skills and knowledge for this area. None: I have no experience with the outcome.	Mastery	Competent	Functional	Learning	None
1. Perform the psychomotor skills related to the scrub role.					
2. Perform the psychomotor skills related to the circulating role.					
3. Perform the psychomotor skills related to surgical asepsis.					
4. Perform the psychomotor skills related to safety in the perioperative setting.					

PLAR assessment methods

If you qualify for PLAR, you may be asked to demonstrate your learning in one or more of the following ways. Be prepared to discuss the expectations during a consultation meeting.

1. Clinical performance test

- To PLAR the NURS 202 Psychomotor Skills Lab you will arrange to have the Perioperative Nursing program faculty in Saskatoon OR Regina assesses your skills on the learning outcomes.
- See [Appendix G](#) for list of performance tests you will be required to demonstrate and the marking guide and instructions for the performance exam
- You will have two hours to complete the psychomotor skills test.

CLIN 221 – Perioperative Nursing Practice/RN

You will participate in a 10-week clinical experience that is limited to specific pre-selected agencies. Within the role of the RN, you will integrate all aspects of the program into the delivery of patient care.

Credit unit(s): 27.0

Prerequisite(s): NURS 202

CLIN 221 – Perioperative Nursing Practice/RN	Mastery	Competent	Functional	Learning	None
Mastery: I am able to demonstrate it well enough to teach it to someone else.					
Competent: I can work independently to apply the outcome.					
Functional: I need some assistance in using the outcome.					
Learning: I am developing skills and knowledge for this area.					
None: I have no experience with the outcome.					
1. Assess the client holistically.					
2. Formulate a plan of care based on the client’s potential and actual problems.					
3. Implement the plan of care maintaining standards of perioperative nursing practice in the scrub and primary circulator role.					
4. Assist the anesthesiologist with anesthesia.					
5. Evaluate the client’s responses to nursing actions and modifies the plan of care accordingly.					
6. Consistently employ a range of skills to communicate with others.					
7. Conduct nursing actions in a professional manner.					

PLAR assessment methods

If you qualify for PLAR, you may be asked to demonstrate your learning in one or more of the following ways. Be prepared to discuss the expectations during a consultation meeting.

Assignment 1: Supervisor’s endorsement

Assignment 2: Synopsis of ten 8-hour shifts (see [Appendix H](#) for guidelines)

Assignment 3: You may be required to do assignment 3. This will be decided by your assessor and supervisor.

Four case studies: (1 general surgery, 1 gynecology or obstetrics, 1 orthopaedics, and 1 perineal [gyne or general surgery]). See [Appendix H](#) for guidelines.

Note: Students are expected to follow APA guidelines when completing any written research or essay assignment. Please refer to the following website for APA guidelines:

<http://cat.uregina.ca/solo/using-resources/>

Perioperative Nursing/RN Advanced Certificate Program

Appendices

Appendix A: Exam blueprints

ANAT 266 – Anatomy Review		
Learning outcomes	Number of questions per outcome	
	Written test	Demonstration
1. Identify the components of medical terminology.	8	
2. Identify the organization of the human body.	10	
3. Identify the structure of the integumentary, skeletal, muscular and nervous systems.	10	
4. Identify the structures of the respiratory and circulatory systems.	10	
5. Identify the structures of the digestive and endocrine systems.	9	
6. Identify the structures of the urinary and reproductive systems.	8	

NURS 248 – Surgical Procedures		
Learning outcomes	Number of questions per outcome	
	Written test	Demonstration
1. Differentiate common incision sites of the abdomen.	6	
2. Employ the skills and perioperative nursing principles related to the scrub and circulator roles for general surgery.	6	
3. Employ the skills and perioperative nursing principles related to the scrub and circulator roles for gynecologic procedures and obstetrics.	4	
4. Employ the skills and perioperative nursing principles related to the scrub and circulator roles for orthopedic surgery.	6	
5. Employ the skills and perioperative nursing principles related to scrub and circulator roles for genitourinary surgery.	6	
6. Employ the skills and perioperative nursing principles related to scrub and circulator roles for ears, nose, and throat (ENT) surgery.	10	

NURS 248 – Surgical Procedures

Learning outcomes	Number of questions per outcome	
	Written test	Demonstration
7. Employ the skills and perioperative nursing principles related to scrub and circulator roles for minimally invasive surgery.	7	
8. Apply the principles of perioperative nursing care for pediatric patients.	10	
9. Apply the perioperative nursing care for geriatric patients.	9	
10. Apply the principles of perioperative nursing care for patients with specialized nursing care requirements.	6	
11. Apply the surgical procedures guidelines to simulated clinical situations.	0	

NURS 247 – Perioperative Nurse/Anesthesia/RN

Learning outcomes	Number of questions per outcome	
	Written test	Demonstration
1. Describe methods of anesthesia.	8	
2. Explain anesthesia nursing considerations.	10	
3. Explain nursing responsibilities in the management of emergency procedures during surgery.	10	
4. Apply the principles of perioperative nursing/anesthesia to simulated clinical situations.	10	

NURS 245 – Perioperative Nursing Process/RN

Learning outcomes	Number of questions per outcome	
	Written test	Demonstration
1. Interpersonal communications among team members.	5	
2. Ambulatory surgery nursing care principles.	5	
3. Recommended safety practices for perioperative nursing.	6	
4. Responsibilities of scrub and circulating team members.	11	
5. Professional, ethical, legal and moral obligations for perioperative nursing.	10	
6. The nursing process in the perioperative period.	13	
7. Post anesthesia nursing care.	10	
8. Surgical suite management.	10	
9. Perioperative nursing process to simulated clinical situations.	0	

NURS 246 – Perioperative Nurse/Surgical Equipment

Learning outcomes	Number of questions per outcome	
	Written test	Demonstration
1. Describe the preparation of a surgical theatre for use.	2	
2. Identify names and uses of surgical instruments.	8	
3. Care of surgical instruments.	4	
4. Describe the preparation of accessory equipment for use in a surgical procedure.	11	
5. Guidelines for arranging sterile instruments and supplies for a surgical procedure.	4	
6. Preparation and use of supplies for surgical wound closure.	15	
7. Safe handling of sterile sutures, sharps, and surgical instruments.	7	
8. Completion of surgical counts.	9	
9. Management of surgical specimens.	10	
10. Guidelines for use of surgical equipment to simulated clinical situations.	0	

Appendix B: NURS 244 – Assignment information

Note: Students are expected to follow APA guideline when completing any written research or essay assignment. Please refer to the following website for APA guidelines:
http://cat.uregina.ca/solo/using-resources/when_how_to_cite_your_sources.html

Assignment #1 Surgical positioning care plan

This project will give you the opportunity to assess a surgical patient for surgical positioning. You will choose one of the following scenarios of a surgical patient and you will prepare a care plan for the positioning of a surgical patient. The descriptions also include the surgeon's preferences for the positioning of the patient.

Scenarios

1.	<p>Mr. G. is booked for a Hemorrhoidectomy. He is 75 years of age, height 6'2", and weight 250 lbs. He has a medical history of Type 2 Diabetes for 10 years, Coronary Artery Disease and Chronic Obstructive Pulmonary Disease (COPD). He has had bleeding and pain from his enlarged hemorrhoids for many years and wishes to have them excised. He is to have a spinal anesthetic. He is anxious and uncertain about the surgery. Surgeon's preferences indicate surgical positioning in lithotomy using candy cane stirrups.</p>
2.	<p>Mrs. R. is booked for spinal surgery as a Discoidectomy. She is 42 years of age, height 5'2", and weight of 120 lbs. She has a history of anemia that has been attributed to heavy menstrual periods. She has a history of asthma that is currently controlled with pulmonary inhaler medications. Mrs. R. will have a general anesthetic. She reports that she has had numbness and pain radiating from the lower back to the foot on the left side. She is anxious about the surgery. Surgeon's preferences indicate surgical positioning as prone, using a laminectomy (Wilson) frame.</p>
3.	<p>Mr. D. is booked for a Right Nephrectomy. He has cancer of the right kidney. He is 72 years of age, height 5'9", and weight 225 lbs. He has a history of kidney disease and has been told that following the surgery, he may be required to start dialysis. Blood work results indicate that he is anemic related to the kidney disease and that his blood protein levels are low. He has a slightly elevated blood sugar level but denies a history of diabetes. He reports that he fell a week ago and injured his right hip. He has had the hip assessed and there is no damage to the joint. He has continued pain in his right hip. Surgeon's preferences indicate surgical positioning of left lateral, using sandbags to support the torso.</p>
4.	<p>Miss. L is booked for Right Richard's Hip Pinning, as she has fractured her right hip in a fall at home. She is 88 years of age, height 5'4" and weight 125 lbs. She has a medical history of osteoporosis; a fractured right humerus one year ago; stress incontinence; bilateral leg varicose veins; and malnutrition. She will have a spinal anesthetic for the surgery. She is confused on admission to the operating room and is reaching for objects in the air that you do not see. Surgeon's preferences indicate surgical positioning supine on a fracture table using boot devices to secure the feet to the frame.</p>

The care plan will address at least three identified nursing diagnoses and be presented in the same format as the example shown in Rothrock (2011) section, *Perioperative Nursing Considerations*. Including assessment, nursing diagnosis, outcome identification, implementation, and evaluation, this project is one that evaluates your responsibility of working within a surgical team to provide for safe surgical positioning. Your work in the perioperative setting requires the same assessment, planning, implementation and evaluation.

Surgical positioning care plan marking guide

Care plan for positioning a surgical patient				
Criteria	Mark	Meets all requirements fully	Meets most requirements	Meets few requirements
Content	/8			
Accuracy				
Relevance to current perioperative nursing practice				
Appropriate level of language for licensed nurses				
Completeness				
Uses concepts learned in course material				
Organization	/1			
Uses following headings: <ul style="list-style-type: none"> ▪ Patient Name (Mr. G.) ▪ Nursing Diagnoses and Care Plan (for each identified positioning risk, including nursing outcomes, and interventions then evaluation) 				
Uses Rothrock (2011) care plan model				
Use font size = 12 point				
Use reference list (APA guide)				
Use citations (APA guide)				
Mechanics	/1			
Proper grammar				
No spelling errors				
Length 1-2 pages				

Assignment #2 Research assignment: MRSA/VRE in the Perioperative setting

The transmission of antibiotic resistant microorganisms within the health care setting is a major concern. The surgical patient that contacts these microorganisms may be at great risk for developing a surgical site infection and not having access to antibiotic treatment. The perioperative nurse must be aware of specific protocols related to the isolation of these microorganisms.

Please review:

One journal article from a recognized nursing or medical journal **OR** one current textbook of infection control pertaining to MRSA/VRE in health care settings.

AND

The MRSA (Methicillin Resistant Staphylococcus Aureus)/VRE (Vancomycin Resistant Enterococcus) protocol used by the health care facility in or near your home community.

This research assignment of 2-3 pages will summarize the information from the journal article and the protocol as well as the application of this protocol in the perioperative setting. Include information relating to:

- Modes of transmission within a perioperative setting
- Infection control measures used within the perioperative setting
- Patient outcomes (consequences of surgical infection with MRSA/VRE)
- A brief summary of current patient treatment options

Marking guide MRSA research paper

MRSA/VRE research assignment grading criteria				
Criteria	Mark	Meets all requirements fully	Meets most requirements	Meets few requirements
Content	/60			
Accuracy				
Relevance to current perioperative nursing practice				
Appropriate level of language for licensed nurses				
Completeness				
Uses concepts learned in course material				
Organization	/20			
Uses following headings: <ul style="list-style-type: none"> ▪ Modes of transmission ▪ Infection control measures ▪ Patient outcomes ▪ Summary of current patient treatment options ▪ References 				
Use reference list (APA guide)				
Use citations (APA guide)				
Use font size = 12 point				
Mechanics	/20			
Proper grammar				
No spelling errors				
Length 1-2 pages				
Submitted on time				

Appendix C: NURS 245 – Assignment information

Assignment #1 Surgical nursing care plan Surgical nursing care plan case study

Nursing care plan assignment instructions

Create a nursing care plan that identifies real and potential risks for surgery as nursing diagnoses, outcomes identification and planned nursing interventions. You are asked to then imagine Mrs. G.'s response to nursing care provided preoperatively, intraoperatively, and postoperatively, and identify possible implementation and evaluation results. Imagine that some of the patient outcomes are not met and determine what, if any revisions to the care plan are necessary. The nursing process is cyclical, and you will demonstrate this important concept as you determine additional nursing diagnoses, outcomes, and interventions required to care for Mrs. G.

Background of Mrs. G:

Patient – Mrs. G., Age 40 years

Social history – Married, homemaker with five children, ages 14, 11, 9, 8 and 4 years. Her husband is away on business during the week and home on weekends. She has arranged for her sister to care for her children while she is a patient in hospital.

Planned surgical procedure – Elective Laparoscopic Cholecystectomy

Medical history – 2 year history of intermittent, right upper quadrant colicky abdominal pain with radiating pain to the right shoulder and general postprandial (after meal) discomfort in the upper abdomen. Abdominal ultrasound investigations completed 2 months ago confirmed the presence of stones in the gallbladder.

Surgical history – none

On admission her vital signs were...

- Blood pressure 120/68
- Pulse – 84
- Respirations – 24
- Weight – 100 kg
- Height – 150 cm

Her admission orders were...

- Serum cholesterol
- Alkaline phosphatase
- Chest x-ray
- Urinalysis
- CBC

Results of diagnostic testing preoperatively – indicated values within the normal range for all tests except for an elevated serum cholesterol level.

During the preoperative assessment visit, Mrs. G. began to cry. She stated that she is “a little afraid of the operation”. She also admitted that she had never left her children before and was worried about them. She has never had surgery before.

Example:

The following instruction sheet of Mrs. R will assist you when developing a surgical care plan for Mrs. G.

Instruction Sheet: Nursing care plan – traditional format

The nursing process is used to prepare a care plan for the surgical patient. Assessment information, nursing diagnoses, outcomes, and planned nursing interventions are indicated. The phases of implementation and evaluation entries to the care plan take place following intervention, and are included to reflect the possible or simulated results of nursing care.

Initial assessment

The perioperative patient – Mrs. R., age 76 years; medical history – osteoporosis; surgical history – open reduction fractured right humerus – 2 years ago.

The planned surgical procedure – vaginal hysterectomy, lithotomy position

The nurse meets with Mrs. R. preoperatively, provides for introductions and tells her that information will be collected during the meeting to determine the required nursing care during the surgery. The nurse finds that Mrs. R. has several questions about what will happen during the surgical procedure. Mrs. R. tells the nurse that she is afraid of having surgery, concerned about the outcome of the procedure, and dislikes being in a situation where she does not know what will happen to her.

Mrs. R. reported a right humeral fracture and surgical reduction that occurred 2 years ago. You ask her further questions related to the injury and healing, and find that she has limited abduction motion of the right shoulder.

The nurse compiles assessment information about Mrs. R. and creates the following nursing care plan:

- Anxiety; potential risk of surgical site infection; potential risk for injury related to lithotomy position.
- Potential risk for hemorrhage; risk for respiratory and circulatory compromise due to lithotomy position.
- Risk for hypothermia during surgical procedure.

Assessment – Anxiety	
Deficient knowledge about the surgery and expressed fear of unknown	
Care plan components	Details
Nursing diagnosis	Anxiety related to planned surgical intervention.
Outcome	Mrs. R. will verbalize a feeling of reduced anxiety.
Planning – nursing interventions	<ul style="list-style-type: none"> ▪ Ask Mrs. R about previous surgical experiences. ▪ Ask Mrs. R. about her knowledge related to the planned surgical procedure. ▪ Assess vital signs for indications of anxiety – tachycardia, tachypnea and observe for nonverbal expressions of anxiety. ▪ Use active listening and attending skills to demonstrate caring, use touch to facilitate comfort. ▪ Allow for sufficient time to allow Mrs. R. to verbalize concerns and needs. ▪ Ask Mrs. R. about previously used coping skills, e.g. relaxation techniques and encourage use. ▪ Explain the sequence of preoperative nursing activities – use lay language, clear and concise speech. ▪ Explain planned postoperative care e.g. transfer to Postanesthesia care unit (PACU), pain analgesia, surgical dressings. ▪ Minimize environmental stimuli.
Implementation	Preoperative teaching completed as per plan, Mrs. R. responded verbally to instructions with the statement “I feel much better about things now, I always want to know what to expect and you have helped to feel prepared for surgery”.
Evaluation	Mrs. R. verbalized feelings of reduced anxiety related to the planned surgical procedure.

Assessment - Potential risk for surgical site infection	
Care plan components	Details
Nursing diagnosis	Risk for infection at the surgical site related to the surgical procedure or other invasive procedure.
Outcome	Mrs. R. will remain free from signs and symptoms of infection.
Planning – nursing interventions	<ul style="list-style-type: none"> ▪ Administer antibiotic prophylaxis as physician ordered. ▪ Provide warm blankets as needed to maintain normothermia. ▪ Preoperative surgical site skin preparation with an antiseptic solution. ▪ Maintain aseptic principles and technique and monitor for breaks in technique by the surgical team. ▪ Correctly classify the surgical wound at the end of the surgical procedure. ▪ Document drains used during the surgical procedure. ▪ Apply surgical site dressing before the sterile drapes are removed to prevent contamination of the site. ▪ Teach the signs of infection and encourage Mrs. R. to observe the site postoperatively.
Implementation	Planned nursing interventions completed and documented.

Assessment - Potential risk for surgical site infection

Care plan components	Details
Evaluation	2 weeks postoperatively Mrs. R. reports that she feels well, that she has not experienced any sign of infection.

Assessment - Potential risk for injury related to lithotomy position

Care Plan Components	Details
Nursing diagnosis	Risk for perioperative-positioning injury.
Outcome	Mrs. R. will be free from injury related to surgical (lithotomy) positioning.
Planning – nursing interventions	<ul style="list-style-type: none"> ▪ Assess and document endoscopic, patient risk factors such as weight, limitations in mobility or range of motion of joints, nutritional status, and neurovascular impairments. ▪ Identify the surgical site and required position. ▪ Protect right shoulder with all movements. ▪ Check the OR bed for proper function and attachments for the lithotomy position. ▪ Prepare padding for placement after positioning, to protect vulnerable body areas. Pad and position right arm near the body and protect with padding. ▪ Use adequate numbers of staff to assist with transfer and positioning. ▪ Slow and smooth movements for positioning, avoid pulling, dragging and shearing movements. ▪ Pad all bony prominences. ▪ Protect areas that contain superficial nerves and blood vessels. ▪ Ensure correct body alignment. ▪ Place support stockings or calf compression devices as indicated. ▪ Following all position changes, reassess bony prominences and replace padding. ▪ Monitor vital signs for indication of impairment due to positioning. ▪ Document surgical position and positioning aids used. Document position of both arms. ▪ Inspect the skin postoperatively for any changes.
Implementation	Planned nursing interventions completed and documented.
Evaluation	You spoke to Mrs. R. in PACU one hour after transfer from the operating room. You find that she reports no change to sensation and movement of limbs, and observe that skin surfaces are dry, smooth and intact without redness.

Assessment - Potential risk for hemorrhage related to surgical intervention

Care plan components	Details
Nursing diagnosis	Risk for deficient fluid volume due to blood loss.
Outcome	Mrs. R. will maintain a stable hemodynamic state.
Planning – nursing interventions	<ul style="list-style-type: none"> ▪ Review preoperative diagnostic tests including blood test results e.g. endoscopic , bleeding time PT/PTT/INR. ▪ Verify ordered blood product replacement units are on hand. ▪ Place vital sign monitors e.g. pulse oximeter, ECG leads, blood pressure measurement cuff. ▪ Assist the anesthetist as needed to provide care. ▪ Assist in the monitoring of blood loss during the surgical procedure e.g. suction container volumes, number of blood saturated sponges used and report to the anesthetist. ▪ Ensure that hemostatic agents, ties or sutures are available.
Implementation	Planned nursing interventions completed and documented.
Evaluation	Vital signs documented during and following the surgical procedure indicate stability when compared to preoperative baseline measures.

Assessment – Risk for respiratory and circulatory compromise due to lithotomy position

Care Plan Components	Details
Nursing diagnosis	Risk for impaired gas exchange and impaired circulation during the surgery.
Outcome	Mrs. R. will maintain vital signs within normal ranges during surgery.
Planning – Nursing Interventions	<ul style="list-style-type: none"> ▪ Notify and ask permission from the anesthetist prior to position changes. ▪ Assist the anesthetist with airway maintenance e.g. insertion of endotracheal tube and cuff inflation, taping of the endotracheal tube. ▪ Assist the anesthetist with airway suctioning if needed. ▪ Monitor the physiologic changes as Mrs. R.'s position is changed. ▪ Use slow, smooth movements as legs are placed into and out of lithotomy position. ▪ Ensure access to airway and monitoring devices following positioning. ▪ Ensure access to intravenous catheters as much as possible. ▪ Assess diaphragmatic movement following positioning. ▪ Ensure that heavy surgical instruments or retractors are not placed on the chest.
Implementation	Planned nursing interventions completed and documented.
Evaluation	Mrs. R.'s vital signs were recorded and evaluated to be within normal range throughout the surgical procedure.

You are aware that the lithotomy surgical position poses significant risk for adequate respiratory and circulatory function. Extreme flexion of the hips increases intra abdominal pressure against the diaphragm, decreasing the tidal volume. Blood can pool in the elevated legs. Anesthesia methods may depress the normal physiologic compensatory mechanisms. Lungs lose elasticity with aging and muscles associated with inhalation and exhalation may be weakened (Rothrock, 2011). The elderly patient may have increased susceptibility to pulmonary complications during surgery.

Mrs. R. is an elderly woman and you are aware that she may be at risk for inadvertent hypothermia (temperature below 96.8 Deg.F. or 36.0 Deg.C.) as a result of changes in changes to the nervous system. As a result, the perioperative environment and fluid use during surgery will need to be considered to prevent hypothermia.

Assessment - Risk for hypothermia during the surgical procedure	
Care plan components	Details
Nursing diagnosis	Risk for ineffective body temperature regulation related to age associated physiologic changes.
Outcome	Mrs. R. will maintain normothermia during and after the surgical procedure.
Planning – nursing interventions	<ul style="list-style-type: none"> ▪ Use warm blankets during transfer to the operating room, as well as during and after the surgery. ▪ Adjust operating room ambient temperature to maintain patient comfort. ▪ Use warming blankets or forced-air warming systems as per anesthetist direction. ▪ Monitor Mrs. R.'s temperature. ▪ Cover her head during the surgical procedure. ▪ Minimize exposure of skin surface. ▪ Use warmed preoperative skin preparation solutions (if manufacturer recommended). ▪ Ensure that warmed intravenous fluids are available or use an intravenous fluid warmer system if requested by the anesthetist. ▪ Ensure wet drapes or sponges are removed promptly following dressing application. ▪ Provide warmed blankets for transport to PACU.
Implementation	Planned nursing interventions completed and documented.
Evaluation	Mrs. R.'s recorded temperature measures during surgery indicated a temperature range within the normal range.

It is possible to assess further risks to Mrs. R. as you prepare to care for her in surgery. You will find that there is risk associated with the electrosurgical unit – risk for electrical injury, and you may also identify risk associated with skin preparation solutions – risk for chemical injury. The preceding nursing care plan presented concepts of real or potential risk to the patient as a guide to continued assessment, nursing diagnosis, outcome identification, planning, implementation, as well as evaluation. Can you consider any other real or potential risks to Mrs. R. that should be included in the care plan?

Care Plan marking guide

Care plan for a surgical patient				
Criteria	Mark	Meets all requirements fully	Meets most requirements	Meets few requirements
Content	/80			
Accuracy				
Relevance to current perioperative nursing practice				
Appropriate level of language for licensed nurses				
Completeness				
Uses concepts learned in course material				
Organization	/10			
Uses following headings: <ul style="list-style-type: none"> ▪ Patient Name (Mrs. G.) ▪ Assessment ▪ Nursing Diagnosis ▪ Outcome ▪ Planning: Nursing Interventions ▪ Evaluation 				
Uses Rothrock (2011) care plan model				
Use font size = 12 point				
Use reference list (APA guide)				
Use citations (APA guide)				
Mechanics	/10			
Proper grammar				
No spelling errors				
Length 1-2 pages				

Appendix D: NURS 246 – Assignment information

Assignment #1 Surgical equipment safety issues

You will research and present information about current safety issues related to the use of surgical equipment. Use library online resources to access relevant journal articles, choose one or two articles, read and summarize your findings in 1-2 pages.

The research articles that you choose should be related to nursing considerations and safety measures required when using surgical equipment. Look for articles that relate to the types of surgical equipment that are covered in this course (i.e. electrosurgery, pneumatic tourniquet, endoscopic, powered and laser equipment). Find current and interesting information related to the equipment, such as endoscopic laser use or injuries reported using pneumatic tourniquets.

This project is one that prepares you for the responsibility of working within a surgical team to provide for safe surgical equipment use. Your work in the perioperative setting requires you to be aware of issues with surgical equipment and provide for safe patient care.

Marking guide for surgical equipment safety issues

Surgical safety equipment issues				
Criteria	Mark	Meets all requirements fully	Meets most requirements	Meets few requirements
Content	/8			
Accuracy				
Relevance to current perioperative nursing practice				
Appropriate level of language for licensed nurses				
Completeness				
Uses concepts learned in course material				
Organization	/1			
Uses the following headings: <ul style="list-style-type: none"> ▪ Surgical equipment safety concern ▪ Nursing considerations & safety measures 				
Uses ORNAC Standards, Refs from CORNJ, CAN, AORN, SALPN				
Use font size = 12 point				
Use reference list (APA guide)				
Use citations (APA guide)				
Mechanics	/1			
Proper grammar				
No spelling errors				

Surgical safety equipment issues				
Criteria	Mark	Meets all requirements fully	Meets most requirements	Meets few requirements
Length 1-2 pages				
Submitted on time				

Appendix E: NURS 247 – Assignment information

Assignment #1 Case study for spinal anaesthesia

Mr. White went to the hospital yesterday to get a check-up before his prostate surgery that is scheduled for next week. He knows that you are a nurse so he explains to you that "There was a very nice doctor and nurse who were trying to tell me that I would not be going to sleep during my surgery. Just before they started to tell me what they were going to do, the battery in my hearing aid died. They are such busy people that I could not bring myself to ask them to repeat what they said. Then I thought that I would read the pamphlet they gave me, but I misplaced it. I know that they will be doing something to my back. Can you tell me anything about it?"

Using language that Mr. White will understand, explain what he can expect during the induction phase of his prostate surgery. Your answer should be 1-2 pages.

Appendix F: NURS 248 – Assignment information

Assignment: Laparotomy Incision

Instructions

Read the following case:

Rationale for the Laparotomy Incision

Bill Dunn, 72, is booked for an emergency laparotomy. When seen in the ER, Bill was difficult to examine, and had such a tense abdomen that the surgeon decided to proceed to surgery without waiting for abdominal x-rays or CT scan. Bill's history follows:

- acute abdominal pain x 2 days
- nausea and vomiting x 3 days
- fever
- frequent indigestion and heartburn
- bloodwork shows an increased white count with the differential indicating a bacterial infection
- no known allergies
- Medications include
 - ASA 20 mgm OD
 - Gaviscon PRN

To prepare for the surgery, you must be able to anticipate the location of the incision site to properly position and prep the patient before the surgeon arrives. You base your decisions on the fact that an exploratory laparotomy can develop into a more involved procedure. Answer the following questions that will test your knowledge of the incision that will be used for the laparotomy:

Answer the following questions - Incision Site (please type your correct answers).

1. Which type of incision do you expect will be used? Describe the location and direction of that incision.
2. Give one advantage of using this incision in this case, and list the organs that can be accessed.
3. List the layers of the abdomen in the order that they are incised. How do you use this knowledge when you are the scrub nurse?
4. What decisions in preparing the patient will you make as circulating nurse based on the location of the incision?

Nursing Considerations

- Elaborate on the decisions that you made above by describing the appropriate actions that you would take to prepare Bill.

Laparotomy Incision Assignment Rubric		
Criteria	Mark	Instructor Comments
Content/ 7		
Is accurate & complete	/3	
Uses concepts learned in course material	/2	
Shows evidence by citing at least one source (e.g., textbook, literature, course material)	/2	
Organization/1		
Uses the following headings <ul style="list-style-type: none"> • Incision sites • Nursing considerations 	/1	
Mechanics /2		
Uses proper grammar and spelling	/1	
Uses APA referencing	/1	
Total	_ /10	

Appendix G: NURS 202 - Assignment information

NURS 202 – Psychomotor Skills Lab

Performance tests 1-22 – Detailed information of these performance tests is included further on in this guide to assist candidates in their preparation for the lab exam. Candidates are responsible to incorporate all of the information covered in performance tests when they are completing their psychomotor lab exam.

Please refer to numbers 1-10 for detailed information about the lab exam.

1. Purpose of this examination

This examination guide is designed to provide you with directions about the examination process. By providing specific direction, the examination process will allow for optimal:

- level of acceptability - the essential nursing behaviours that constitute acceptable practice are identified
- objectivity on the part of the examiners
- comparability (fairness) in terms of each student's assignment
- systematized conditions, i.e. equality in test time, criteria for pass/fail, codes for behaviour

2. Examination location

- The examination will occur in the surgical theatre in either Saskatoon or Regina.
- All the required equipment will be provided,(i.e.), gowns, gloves, preps, bundles, mannequin, etc.

3. The areas of care on which the examination will focus are:

- scrub and circulator roles
- aseptic technique
- safety

The standards (criteria) that will be used to measure competence are called Critical Elements*. Critical elements are essential nursing behaviours that clearly state what must be done to ensure safe practice. Certain aspects of performance are continuously monitored throughout the exam, regardless of the particular nursing activity. These overriding areas of concern are physical safety, emotional safety, and asepsis. Violation of any one of these is grounds for failure.

* Adapted from Lenburg, C. (1979).

4. Critical elements for the scrub and circulator roles:

- **Scrub role**
 - Performs the scrub role for a general surgery procedure correctly.
 - Correctly arranges sterile instruments and supplies.
 - Completes surgical counts correctly.
 - Establishes and maintains sterile field correctly, i.e. draping.

- **Circulator's role**

- Distributes and opens sterile supplies correctly.
- Positions patient correctly.
- Places monitoring devices correctly.
- Performs preoperative skin care correctly.
- Prepares and engages accessory surgical equipment correctly, eg. electrosurgical unit, suction, anaesthetic machine.
- Manages surgical specimens correctly.
- Completes surgical counts correctly.
- Maintains aseptic environment.

5. Critical elements for asepsis include:

- Protects self from contamination.
- Protects patients from contamination.
- Maintains sterility of the sterile field, equipment, and supplies.
- Confines contaminated material.

6. Critical elements for safety include:

- Uses standard precautions.
- Uses safety measures specific to patient situation, i.e. restraints, side rails.
- Protects patient from environmental hazards, i.e. protect eyes from laser, correctly positions lead apron.

7. Methods used to select examination assignments:

- In order to ensure comparability, assignments have been designed to reflect similarity in complexity and decision making.
- Upon entering the OR theatre you will select an assignment card from a file.
- Each card consists of an assignment that will require you to perform the skills and competencies you have been practicing in the lab sessions.
- While in the circulator role, you will: distribute and open supplies; identify, admit and position the patient (mannequin) for the specified surgical procedure; apply monitoring devices; perform a preop skin prep; perform and document sponge, sharp and instrument counts; demonstrate correct care of the specimens and maintain aseptic principles throughout.
- While in the scrub nurse role, you will: perform a surgical hand scrub; gown and glove yourself; set up the sterile instruments and supplies for specified surgical procedure; perform the count with the assistance of the circulator; drape the patient (mannequin) for the specified procedure; gown and glove the "surgeon" (instructor) and pass instruments and supplies for use by the "surgeon".

8. The following is an example of an assignment you will be expected to complete.

Assignment No. 6

Patient: Megan Brown
Age: 37
Medical diagnosis: Ganglion right wrist
Proposed surgery: Excision ganglion right wrist

A. Perform the circulator role:

- prepare the theatre and supplies for Ms. Brown's surgery
- identify the patient and admit her to the theatre
- position and prep the patient (mannequin)
- perform and document counts
- set up and engage accessory surgical equipment
- care for and document care of the specimen
- assist with transfer of Ms. Brown from the OR bed to the stretcher post surgery

B. Perform the scrub role:

- scrub, gown and glove yourself and surgeon (clinical examiner)
- set up your table, sponges, instruments, etc., and first two suture materials (provided)
- perform count
- drape patient (mannequin) for excision ganglion right wrist

9. Time for examination

A maximum time of 60 minutes will be allowed to complete each portion of the examination assignment (60 minutes as circulator and 60 minutes as scrub = 120 minutes for the completion of the performance exam).

10. Criteria for passing the examination

- You must achieve 100% on all critical elements related to scrub and circulating roles, safety and asepsis in order to pass the examination.
- You will be allowed to correct minor omissions/errors providing one of the critical elements has not been compromised.
- When a critical element is omitted or unmet, the examination will be discontinued.
- The following document will be completed by the examiner based on your performance.

Lab examination

Student's name: _____

Date of examination: _____

Examiner's name: _____

Assignment number: _____

Start time: _____

Finish time: _____

Critical elements met: _____

Critical elements unmet: _____

1. Perform the psychomotor skills related to the scrub role	Met	Unmet	Comments
Obtain necessary supplies in preparation for the scrub role.			
Establish and maintain the sterile field.			
Neatly arrange and maintain the sterile field.			
Demonstrate safe and efficient handling of sterile sutures, sharps and surgical instruments.			
Complete surgical counts (scrub role).			
Manage surgical specimens (scrub role).			
Perform immediate postoperative skin and wound care and end of case activities.			
2. Perform the psychomotor skills related to the circulators role	Met	Unmet	Comments
Distribute sterile supplies.			
Open sterile supplies using aseptic technique.			
Perform safe and thorough admission procedure of surgical patients.			
Perform surgical patient positioning.			
Apply intraoperative monitoring devices.			
Perform preoperative and postoperative skin care.			
Prepare and engage accessory surgical equipment.			
Manage surgical specimens (circulator role).			
Complete surgical counts (circulator role).			
3. Perform the psychomotor skills related to surgical asepsis	Met	Unmet	Comments
Protect self from contamination.			
Protect patient from contamination.			
Maintain sterility of the sterile field, equipment and supplies.			
Contain contaminated material.			
4. Perform the psychomotor skills related to safety in the perioperative setting	Met	Unmet	Comments
Use standard precautions.			
Implement perioperative safety measures specific to patient situation (e.g., restraints, side rails, positioning aids).			
Protect patient and self from environmental hazards.			

Performance test 1 Identify features and functions of the surgical theatre		Performance test 2 Perform a surgical hand scrub		Performance test 4 Position the surgical patient	
Given: access to a surgical theatre with furniture and equipment	Directions: you will identify the features and functions of the surgical theatre	Given: a gown pack nail file, brush or disposable sponge and access to a scrub sink and mirror	Directions: you will perform a surgical hand scrub	Given: a partner, an operating bed, and access to positioning supplies	Directions: you will place the patient in various surgical positions
<p>Identified traffic patterns in the surgical suite:</p> <ul style="list-style-type: none"> a) unrestricted area b) semi-restricted area c) restricted area <p>Identified placement, function, and operation of each of the following:</p> <ul style="list-style-type: none"> a) surgical theatre bed b) Mayo stands c) instrument table d) overhead table e) ring stand f) small tables g) supply cabinet h) kick bucket i) surgical theatre lights j) suction machine k) electrosurgical unit l) x-ray view box 		<ol style="list-style-type: none"> 1. Prepared for the surgical hand scrub. 2. Performed a preliminary wash and cleansed each nail under running water. 3. Timed the surgical hand scrub for fingers, hands, and forearms for the recommended number of minutes. 4. Treated each finger, hand, and arm as a four-sided object. 5. Rinsed the hands and arms keeping hands above elbows at all times. 6. Entered the surgical theatre by backing through the door. 7. Dried hands and arms using aseptic techniques. 		<ol style="list-style-type: none"> 1. Patient identified per RN. Patient identified per LPN. 2. Confirmed the operative site and the proposed position. 3. Assembled the necessary equipment for positioning. 4. Observed safety measures in positioning the patient. 5. Placed the patient in the following positions: <ul style="list-style-type: none"> a) dorsal recumbent (supine) b) lithotomy c) prone 6. Accommodated anomalies and physical defects, if applicable. 7. Avoided unnecessary exposure of the body. 8. Observed patient position once again to determine if it adhered to physiological principles before skin preparation and draping. 	

Performance test 3
Perform gowning and gloving

Given:

- A sterile gown and gloves
- A partner

Directions:

- You will gown and glove yourself
- You will gown and glove your partner
- While wearing the gown and gloves, you will remove your soiled attire
- While wearing the gown and gloves, you will demonstrate the procedure for the removal of contaminated attire during a surgical procedure

A. Donned gown and gloves

1. Donned gown:

- a) Grasped gown and lifted up—did not drag
- b) Stepped away from stand
- c) Allowed gown to unfold with inside facing wearer.
- d) Extended arms in front at shoulder level and placed hands in armholes.
- e) Slid arms into sleeves:
 - 1) Did not shake or flip sleeves
 - 2) Grasped at sleeve/stockinette seam
 - 3) Kept fingers inside stockinette
- f) Kept hands above elbows

Circulator assisted:

- 1) Reached inside shoulder and arm seams so hands are covered by gown
- 2) Pulled sleeves on, leaving cuffs over hands
- 3) Tied inner tie
- 4) Fastened neck fasteners

2. Donned gloves:

- a) Opened glove packet using mitten—hands (gown covering hands)
- b) Picked up glove by folded edge—did not drag off wrapper
- c) Stepped back from table
- d) Did not allow glove to touch unsterile area
- e) Kept hands above waist
- f) Kept hands inside stockinette cuff
- g) Placed glove palm down on the inner aspect of the left wrist, fingers towards elbow
- h) Grasped folded edge of glove cuff through the stockinette gown cuff with the left hand
- i) Grasped the top edge of the glove cuff with the right hand and pulled it forward and over the left hand, placing the cuff on the outer aspect of the left wrist
- j) Pulled gown sleeve and glove on at same time
- k) Did not pull gown cuff out of glove
- l) Repeated above steps for second glove

B. Gowned and gloved another surgical team member

Performance test 3

Perform gowning and gloving

1. Gowned another team member:

- a) Opened sterile hand towel with gloved hands
- b) Placed towel over the outstretched hand of team member
- c) Grasped sterile gown and lifted it straight up from package
- d) Stepped away from sterile field
- e) Grasped gown near neckline with outside facing you
- f) Allowed gown to unfold toward floor
- g) Cuffed hands at the gown shoulders
- h) Held gown until team member had forearms in sleeves, then released it
- i) After circulator adjusted gown, received the waist tie from the team member and allowed safe distance for team member to turn around

Circulator

- 1) Grasped back of gown and adjusted it to comfortable fit.
- 2) Tied inner strings. (**Please note:** For a disposable gown, the circulator may assist the scrub team member to tie the outer waist tie as well. With a reusable cloth gown the circulator may only assist the scrub team member to turn the gown using the end of a sterile instrument in order to maintain sterility)

2. Gloved another team member:

- a) Checked gloves for imperfections
- b) Picked up glove under the cuff
- c) Turned palm of glove toward team member
- d) Placed fingers under glove cuff and spread them
- e) Held glove at waist level and steadied it
- f) Allowed team member to push hand into glove
- g) Released glove gently
- h) Repeated procedure for other glove

C. Removed soiled gown and gloves

1. Removed soiled gown:

- a) Unties front strings of gown

2. Removed soiled gloves:

- a) Grasped the outside cuff of one glove with gloved fingers of

Performance test 3 Perform gowning and gloving					
b) After circulator has unfastened gown at neckband and inner side, crossed one arm across chest and grasped one shoulder seam c) Pulled gown downward, over and off the gloved hand, turning gown inside out, taking care than outside of gown does not touch scrub attire d) Continued to hold gown and repeated for other side e) Pulled gown off completely f) Touching only the inside of the gown, rolled it and discarded it in laundry hamper		other hand (glove to glove technique) b) Pulled off glove c) Placed fingers of ungloved hand under cuff of other glove. (Skin to skin technique) d) Removed glove by turning it inside out e) Discarded gloves in waste receptacle touching inside of gloves only f) Washed hands			
D. Removed contaminated attire during a surgical procedure					
1. Removed contaminated glove: Circulator a) Put on disposable gloves b) Grasped glove by cuff c) Pulled glove off (inside out) d) Did not allow glove to touch sterile areas e) Discarded contaminated glove f) Provided new sterile gloves		2. Removed contaminated gown: Circulator a) Put on disposable gloves b) Allowed team member to move out of sterile area. c) Untied gown d) Pulled gown forward for team member e) Removed gloves f) Discarded contaminated gown and gloves g) Provided new sterile gloves and gown Sterile Scrub Team Member h) Gowned team member i) Allowed circulator to tie and adjust gown j) Gloved team member			
Performance test 4 Position the surgical patient		Performance test 6 Identify names and uses of surgical instruments		Performance test 7 Prepare and engage accessory surgical equipment - The Electrosurgical Unit	
Given: a partner, an operating bed, and access to positioning supplies	Directions: you will place the patient in various surgical positions	Given: a pan of surgical instruments	Directions: you will select instruments from the pan according to a	Given: access to an electrosurgical unit, a cautery pad, and a variety of monopolar and bipolar active	Directions: you will prepare and engage it for use in the surgical theatre

Performance test 3
Perform gowning and gloving

		list provided by the instructor	electrodes
<ol style="list-style-type: none"> 1. Patient identified per RN. Patient identified per LPN. 2. Confirmed the operative site and the proposed position. 3. Assembled the necessary equipment for positioning. 4. Observed safety measures in positioning the patient. 5. Placed the patient in the following positions: <ol style="list-style-type: none"> a) dorsal recumbent (supine) b) lithotomy c) prone 6. Accommodated anomalies and physical defects, if applicable. 7. Avoided unnecessary exposure of the body. 8. Observed patient position once again to determine if it adhered to physiological principles before skin preparation and draping. 	<ol style="list-style-type: none"> 1. Correctly chose instruments according to a list provided by the instructor: <ol style="list-style-type: none"> a) b) c) d) e) f) 2. Identified the type of instrument. 3. Identified box lock joint. 4. Identified ratchet. 5. Identified jaw. 	<ol style="list-style-type: none"> 1. Ensured that the patient was not in contact with metal parts of the OR bed. 2. Connected the unit to the electrical source. 3. Grounded the patient by placing the cautery pad. <ol style="list-style-type: none"> a) under the buttocks or diagonally across thigh b) on a (relatively) hair-free area of skin c) after inspecting the skin for scars, rashes, or breaks d) avoiding area over scar tissue 4. Preset the controls according to surgeon's instructions. 5. Positioned the unit for convenience. 6. Attached the cautery pad cord to the unit. 7. Attached cautery tip cord (active electrode) to the unit. 8. Positioned the footplate, if required. 	

Performance test 5

Perform preoperative skin care

Given: sterile gloves, towels, basins, sponges, cotton applicators, antiseptic solution, kick bucket, operating bed and mannequin

Directions:

- 1) You will perform preoperative skin preparation for the abdominal region
- 2) You will perform preoperative skin preparation for the perineal region

A. Abdominal

1. Prepared supplies and poured solutions.
2. Prepared the patient.
 - a) Received permission from the anesthetist
 - b) Turned on the light
 - c) Exposed the area
 - d) Placed the patient in the appropriate position:
 - arms secured
 - legs uncrossed
 - leg straps in place
 - e) Inspected the area to be prepped
3. Checked the supplies.
4. Moved the prep stand and kick bucket into position.
5. Draped the area with towels:
 - a) opposite side first
 - b) top and bottom area boundaries
 - c) side nearest you last
6. Donned sterile gloves.
7. Cleansed umbilicus with sponges or applicators moistened with prep solution.
8. Began skin prep:
 - a) started at incisional site and worked outward
 - b) discarded the sponge and repeated the procedure
 - c) did not retrace
9. Opened towel and placed on prepped skin and blotted the area dry. Patted gently over the entire area.
10. Applied antiseptic solution.
 - a) began at incisional site and worked outward each time.

B. Perineal

1. Prepared the supplies and poured the solutions.
2. Prepared the patient:
 - a) received permission from the anesthetist
 - b) turned on the light
 - c) exposed the area
 - d) placed the patient in the appropriate position:
 - arms secured
 - legs in stirrups (needs another person to help)
 - safety strap in place
 - e) Inspected area to be prepped
3. Checked supplies.
4. Moved the prep stand and kick bucket into position.
5. Placed fully opened towel under the buttocks.
6. Donned sterile gloves.
7. Began skin prep:
 - a) started at the hypogastric region and worked down to the mon pubis with lathered sponges
 - b) discarded sponges
 - c) did **not retrace**
 - d) continued prep on inner thighs, vulva and perineum finishing with the anus
 - e) discarded sponges when appropriate
8. Blotted area dry with an open towel.
9. Removed towel without dragging it over the prepped area.
10. Applied antiseptic solution using the established sequence.
11. Removed towel from under buttocks.
12. Disassembled prep set; discarded linens, collected trash.

Performance test 5
Perform preoperative skin care

Given: sterile gloves, towels, basins, sponges, cotton applicators, antiseptic solution, kick bucket, operating bed and mannequin

Directions:

- 1) You will perform preoperative skin preparation for the abdominal region
- 2) You will perform preoperative skin preparation for the perineal region

A. Abdominal

11. Removed towels in reverse order from which they were placed taking care not to drag them over the prepped area.
12. Disassembled prep set; discarded linens; collected trash.
13. Removed gloves.

B. Perineal

13. Removed gloves.

Performance test 8 Prepare and engage accessory surgical equipment – the pneumatic tourniquet	Performance test 9 Prepare and engage accessory surgical equipment – endoscopic equipment	Performance test 10 Prepare and engage accessory surgical equipment – air-powered equipment
<ol style="list-style-type: none"> 1. Protected the patient’s skin by placing protective padding around the extremity under the tourniquet. 2. Protected vulnerable neuro-vascular structures in applying the tourniquet cuff. 3. Recorded location. 4. Set and recorded pressure setting. 5. Elevated extremity to promote venous return. 6. Checked with the anesthetist prior to inflating or deflating the tourniquet. 7. Recorded time: <ol style="list-style-type: none"> a) of inflation b) of deflation 8. Notified surgeon when tourniquet had been on for one hour and every 15 minutes thereafter. 	<ol style="list-style-type: none"> 1. Connected the machine to electrical source. 2. Ensured that power sources, gas supply and lights worked. 3. Set gas flow and pressure gauges appropriately and checked presence of filter (if required). 4. Connected insufflation tubing and ensured proper functioning. 5. Connected and checked fiberoptic cable for adequate light transmission. 6. Completed white balancing procedure. 	<ol style="list-style-type: none"> 1. Ensured that attachments and blades were seated and locked in handle before activating power. 2. Set safety latch in position. <p>As circulator</p> <ol style="list-style-type: none"> 3. Received power cord and attached it to the wall outlet or nitrogen tank. 4. Opened air source. 5. Set pressure while the air-powered instrument was running.

Performance test 11 Identify common surgical needles and their use		Performance test 12 Prepare 1/2, 1/3 and 1/4 suture lengths		Performance test 13 Preparation and use of needles	
Given: a variety of commonly used needles selected by your instructor	Directions: you will identify 80% of the needles shown	Given: suture materials, suture scissors, suture basin, hand towel, and sterile gloves	Directions: you will prepare 1/2, 1/3 and 1/4 suture lengths	Given: sutures, eyed needle, French-eye needle, needle holder, needle counter and sterile gloves	Directions: you will demonstrate the care and threading of suture onto needles
<ol style="list-style-type: none"> Identified name of needle according to a list provided by the instructor <ol style="list-style-type: none"> Identified whether cutting or non-cutting. Identified type of tissue on which needle is normally used. 		<ol style="list-style-type: none"> Put on gloves using aseptic technique. Cut sutures in one-half lengths: <ol style="list-style-type: none"> tore open packet and removed strand placed suture coil over fingers and unwound the coil gently straightened strand folded the suture in quarter lengths cut the single loop using suture scissors Cut sutures in one-quarter lengths: <ol style="list-style-type: none"> tore open packet and remove strand placed suture coil over fingers and unwound the coil gently straightened strand folded the suture in quarter lengths cut all three loops using suture scissors Cut sutures in one-third lengths: <ol style="list-style-type: none"> tore open packet and removed strand placed suture coil over fingers and unwound the coil gently straightened strands folded suture in one-third lengths with strands in equal lengths cut the loops with suture scissors 		<ol style="list-style-type: none"> Mounted eyed needle in needle holder approximately 3/4 of the distance from the point to the eyed end: <ol style="list-style-type: none"> threaded suture through the eye from the inside curvature pulled the suture through the eye two to three inches did not puncture gloves with the needle Mounted French-eye needle in the needle holder: <ol style="list-style-type: none"> held driver with needle and short end of strand together placed long end of strand in notch above the eye pulled strand to seat it in the eye did not puncture gloves with the needle Prepared swaged suture for use: <ol style="list-style-type: none"> tore open packet and removed strand using the needle holder with care taken that swaged end was not crushed gently straightened strand if necessary adjusted position of needle on the holder so that needle is near tip of 	

Performance test 11 Identify common surgical needles and their use	Performance test 12 Prepare 1/2, 1/3 and 1/4 suture lengths	Performance test 13 Preparation and use of needles
		<p>holder and about three quarters of the distance from the needle point</p> <ol style="list-style-type: none"> 4. Protected the needle to prevent dulling its point. 5. Inspected needles to ensure that they were intact. 6. Safely disposed of used needles using pad. 7. Passed needles on an exchange basis. Needle was never left lying loose on the field or Mayo tray. 8. All pieces of broken needles were accounted for.

Performance test 14 Arrange sterile instruments and supplies		Performance test 15 Drape a patient	
Given: a Mayo stand, back table and a supply of instruments	Directions: you will arrange sterile instruments and supplies	Given: a model patient and a variety of drapes	Directions: you will drape the patient for one of the following surgeries: a) laparotomy b) perineal
<ol style="list-style-type: none"> 1. Arranged furniture. 2. Obtained necessary sterile supplies. 3. Checked supplies for integrity of packaging, date and change in processing indicator. 4. Opened supplies properly and in appropriate order. 5. Scrubbed, gowned, and gloved. 6. Set up gown table. 7. Checked linen pack for sterility. 8. Draped Mayo stand. (Not for perineal procedure) 9. Put Mayo tray in place. (Not for perineal procedure) 10. Arranged the instrument table: <ol style="list-style-type: none"> a) Picked up all basins and placed on the instrument table. b) Arranged the drapes in order of use. c) Placed sponges correctly. d) Smoothed out creases in table drape. e) Rolled a towel and placed on table to assist in placement of instruments. 11. Set up instruments and accessory items on the instrument table: <ol style="list-style-type: none"> a) Removed retractors from pan and placed on table. b) Lifted the string of instruments from the pan and placed the handles over the rolled towel. c) Sorted out sutures and needles. d) Placed accessory equipment appropriately. 12. Counted with the circulator. 		<ol style="list-style-type: none"> 1. Protected sterile attire during draping procedure. 2. Draped for a laparotomy following the correct sequence: <ol style="list-style-type: none"> a) selected proper supplies. b) placed the 1st drape closest to self. c) placed the 2nd drape below the incision site. d) placed the 3rd drape above the incision site. e) placed the 4th drape on the side opposite self. f) placed the barrier drape below the incision site. g) placed the laparotomy sheet so as to provide adequate exposure of the incisional site and a smooth covering for the operative field. h) secured tubings with non-perforating clamps. i) did not readjust drape once it had been placed. j) reinforced drapes as necessary to maintain sterility of field 3. Draped for a perineal procedure following the correct sequence: <ol style="list-style-type: none"> a) selected the proper supplies b) opened, made a cuff for hands, and placed the medium drape with enclosed barrier drape under the buttocks c) placed the folded small drape over the pubic area d) prepared the lithotomy drape for application e) opened the drape to allow bottom to drop towards the floor f) opened the folds of the drape sufficiently to allow it to be eased over first one leg and then the other, then the remainder of the drape is placed over the abdomen (assistance of the circulator is required) g) secured tubings with non-perforating clamps h) did not readjust drape once it had been placed i) reinforced drapes as necessary to maintain sterility of field 4. Draped for pelvic laparoscopic procedure following correct 	

Performance test 14**Arrange sterile instruments and supplies**

13. Prepared instruments for immediate use:
Abdominal procedures
- a) Placed instruments on Mayo tray in order of use.
 - b) Folded 3 x 3 sponges and placed on sponge sticks.
 - c) Placed abdominal sponge in bowl.
 - d) Folded and placed 2 abdominal sponges on Mayo tray.
 - e) Prepared a ligature reel and placed on Mayo tray.
 - f) Prepared the first suture.
 - g) Placed suction, cautery, pocket drape, nonpiercing towel clips, and light handles on the Mayo tray.
14. Prepared instruments for immediate use:
Perineal procedures
- a) Placed instruments at the front of the table in order of use
 - b) Prepared 8 x 4 sponges
 - c) Prepare Auvard speculum
 - d) Prepared first suture

Performance test 15**Drape a patient**

- sequence:
- a) selected appropriate supplies
 - b) opened first drape making a cuff to protect hands and placed the drape under the buttocks
 - c) placed lithotomy leg drapes correctly
 - d) placed drapes over arms correctly
 - e) secured tubings with non-perforating clamps
 - f) did not readjust drape once it had been placed
 - g) reinforced drapes as necessary to maintain sterility of the field

Performance test 16 Perform the scrub role for general surgery		Performance test 18 Complete surgical counts	
Given: a performance test and an assigned operative procedure	Directions: you will demonstrate the technical skills for scrubbing	Given: access to a surgical suite, count sheet, and a set of sponges, sharps, and instruments	Directions: you will complete the surgical count in the role of the scrub nurse and the role of circulating nurse
<ol style="list-style-type: none"> 1. Before the case: <ol style="list-style-type: none"> a) assisted in checking the room before opening sterile supplies b) selected case cart and gathered additional supplies 2. Scrub: <ol style="list-style-type: none"> a) removed all jewellery, nails short hair concealed, sleeves rolled up b) maintained correct posture c) correctly performed surgical hand scrub d) correctly dried hands e) correctly gowned and gloved 3. Preparation for the case: <ol style="list-style-type: none"> a) checked sterile indicators b) arranged prep set c) correctly set up linens, utensils, instruments and supplies. d) performed count correctly e) gowned and gloved surgeon 4. During the case: <ol style="list-style-type: none"> a) applied the laparotomy drape so as to provide adequate exposure of the incisional site and a smooth covering of the operative field b) placed the Mayo stand over the patient's feet and allowed sufficient space for the toes c) offered sponges and accessories d) placed the instrument table e) provided the instruments to make the incision and passed them with dexterity f) anticipated the needs of the team for sponges, sutures, etc g) maintained the sterility of the field throughout the procedure, e.g., handled skin knife correctly, handled contaminated 		<ol style="list-style-type: none"> 1. Performed initial count: <ol style="list-style-type: none"> a) Counted aloud with circulator b) Counted each type of sponge c) Counted all sharps d) Counted all instruments 2. Performed counts during surgery: <ol style="list-style-type: none"> a) Counted aloud with circulator b) Kept continual count of sharps c) As closure of wound began: <ol style="list-style-type: none"> 1) Counted all sponges on and off the field 2) Counted all sharps on and off the field 3) Counted all instruments on and off the field 3. Performed counts as skin closure began: <ol style="list-style-type: none"> a) Counted aloud with circulator b) Counted all sponges on and off the field c) Counted all sharps on and off the field 4. Signed count sheet after case <p>Circulator</p> <ol style="list-style-type: none"> 1. Performed initial count <ol style="list-style-type: none"> a) Counted aloud with scrub b) Counted each type of sponge c) Recorded sponge counts d) Counted all sharps e) Recorded sharps count f) Counted all instruments g) Recorded instrument count 2. Performed counts during surgery. 	

Performance test 16 Perform the scrub role for general surgery	Performance test 18 Complete surgical counts
<p>instruments correctly</p> <ul style="list-style-type: none"> h) provided sponges and sutures on an exchange basis i) kept operative field in order and free of unneeded instruments and supplies j) handled and forwarded specimen(s) correctly k) prepared field for closure by removing and replacing sponges and removing instruments from the field l) prepared and provided instruments and sutures for closure. m) performed sponge, sharps and instrument counts quickly, in sequence and accurately n) cleaned, dried skin and applied dressing correctly o) removed all instruments and supplies from drapes p) moved tables and Mayo stands out of the way q) removed drapes correctly r) disposed of suture packages, suture ends, etc., correctly. s) handled all scalpel blades and other sharps safely in disposal. t) prepared all instruments and equipment for decontamination and processing correctly u) removed gown and gloves correctly v) General points: (showed dexterity in) <ul style="list-style-type: none"> 1) opening sterile supplies 2) arranging sterile supplies 3) preparing and handling sutures and sharps 4) passing instruments, sutures and sharps 5) doing initial and closing counts 6) performing clean up procedures 	<ul style="list-style-type: none"> a) Counted aloud with scrub. b) As closure of wound began: <ul style="list-style-type: none"> 1) Counted all sponges on and off the field 2) Recorded sponge count 3) Counted all sharps on and off field 4) Recorded sharps count 5) Counted all instruments on and off the field 6) Recorded instrument count 7) Reported counts to the surgeon 3. Performed counts as skin closure began: <ul style="list-style-type: none"> a) Counted aloud with scrub b) Counted all sponges on and off the field c) Recorded sponge count d) Counted all sharps on and off the field e) Recorded sharps count f) Reported counts to the surgeon 4. Signed count sheet after the case.

Performance Test 17 Prepare a surgical theatre for use	Performance Test 19 Manage surgical specimens	Performance Test 21 Perform the circulator's role in general surgery
<ul style="list-style-type: none"> 1. Checked function of suction. 2. Checked anesthetic and oxygen 	<ul style="list-style-type: none"> 1. Routine specimens: 	<ul style="list-style-type: none"> 1. Before the case: Assisted in <ul style="list-style-type: none"> a) checking the room before opening sterile items -

Performance Test 17 Prepare a surgical theatre for use	Performance Test 19 Manage surgical specimens	Performance Test 21 Perform the circulator's role in general surgery
<p>hoses.</p> <ol style="list-style-type: none"> 3. Prepositioned operating light 4. Arranged furniture to be draped 45 cm away from walls. 5. Checked supplies for integrity of packaging and change in processing indicator. 6. Distributed items to proper place for opening sequence. 7. Opened gown bundle on gown table. 8. Opened linen bundle on instrument table. 9. Opened basin set on ring stand. 10. Opened instrument tray(s) on ring stand(s). 11. Opened individual items in proper place. 12. Opened and arranged prep tray. 13. Dispensed solutions appropriately. 14. Opened and dispensed sterile supplies. 15. Maintained aseptic technique during opening sequence. 	<ol style="list-style-type: none"> a) Scrub: <ol style="list-style-type: none"> 1) received each specimen in a basin or medicine glass; did not place the specimen on a sponge 2) did not clamp the specimen 3) kept each specimen separate 4) handed the specimens to the circulator one at a time 5) handed each specimen to the circulator in the basin, on a wrapper, or on a towel 6) told the circulator the name of each specimen 7) wiped his/her hands b) Circulator: <ol style="list-style-type: none"> 1) donned disposable gloves 2) placed each specimen in an appropriate container 4) accurately labelled each container immediately 5) covered the specimens with formalin 6) accurately completed the laboratory forms 7) took the specimens and forms to the designated area 8) washed his/her hands 	<ol style="list-style-type: none"> checked OR bed, lights, suction, electrosurgical unit, other equipment b) assembling equipment and supplies for the procedure c) checking supplies for sterility d) placing supplies (bundles, instruments, etc.) correctly e) opening wrappers correctly f) creating initial sterile field g) assisting patient to move to OR bed correctly h) positioning patient (mannequin) i) tying gowns j) counting and recording sponges, sharps and instruments k) setting up appropriate accessory surgical equipment l) performing preoperative skin care m) arranging tables to complete the sterile field following draping n) engaging appropriate accessory surgical equipment and suction <ol style="list-style-type: none"> 2. During the case: Assisted in: <ol style="list-style-type: none"> a) appropriately caring for the specimen b) counting and recording sponges, sharps and instruments at appropriate times 3. After the case: Assisted in: <ol style="list-style-type: none"> a) taping dressing b) securing drains c) transferring of patient (mannequin) from OR bed to stretcher

Performance test 20
Demonstrate the safe handling of sterile sutures, sharps and surgical instruments

Given: prepared sutures, needle holder, scalpel, scalpel blade, clamp, scissors, thumb forceps, retractor and gloves and a partner

Directions: you will skillfully demonstrate the passing of sutures and instruments

1. Passed threaded suture:
 - a) placed needle on needle holder
 - b) threaded needle
 - c) grasped needle holder near top of shank
 - d) passed needle holder with handle in surgeon's palm with needle pointing up toward surgeon's thumb
 - e) let suture material hang free over back of hand
 - f) kept suture ends out of surgeon's palm
 - g) held tail of suture with free hand
2. Passed free tie:
 - a) grasped suture at each end
 - b) stretched suture taut
 - c) came in and under surgeon's extended fingers
 - d) passed to surgeon's hand with upward motion
3. Passed straight needle.
 - a) grasped needle close to point
 - b) passed needle to surgeon, eyed end first
 - c) controlled the suture ends
4. Applied scalpel blade to handle:
 - a) faced away from other persons
 - b) aimed blade away from self
 - c) grasped handle in left hand
 - d) grasped needle holder in right hand

 - e) picked up blade from dull side with needle holder
 - f) slide blade into groove of handle until secure

Performance test 22
Identify and admit a patient to the surgical theatre

Given: a surgical patient and a chart

Directions: you will identify and admit the patient to the surgical theatre

1. Introduced self to the patient.
2. Asked patient his/her name.
3. Checked patient's identification band with the operative consent form and the addressograph label.
4. Confirmed patient's understanding of the surgery corresponds with the consent form and the surgical procedure on the OR slate.
5. Asked patient to identify any allergies (including food allergies).
6. Asked patient when he/she last had something to eat or drink (including chewing gum or sucking on a candy or lozenge).
7. Asked patient to name any previous surgery and if any problems had accompanied the procedure.
8. Checked for dentures, contact lens, prostheses, jewellery, hearing aid.
9. Maintained eye contact with the patient during the interview.

Performance test 20**Demonstrate the safe handling of sterile sutures, sharps and surgical instruments**

- g) pulled blade from top with needle holder to lock in place
- 5. Removed knife blade from handle:
 - a) faced away from other persons
 - b) grasped handle with number facing down
 - c) held needle holder in other hand
 - d) grasped base of blade with needle holder
 - e) pulled base down slightly and pushed away from handle to unlock
 - f) transferred needle holder to tip of blade
 - g) pulled blade off tip of handle
 - h) disposed of blade in container
- 6. Passed instruments:
 - a) closed instruments to first ratchet
 - b) held instruments correctly:
 - 1) clamps at joint
 - 2) scissors at hinge
 - 3) forceps at fused end or tips
 - 4) scalpel by handle, cutting edge down
 - 5) retractor at center
 - c) placed gently but firmly in surgeon's hand.
 - d) placed in position of use
 - e) passed one instrument at a time
 - f) protected surgeon and self from injury

Performance test 22**Identify and admit a patient to the surgical theatre**

Appendix H: CLIN 221

Clinical information

Supervisor's endorsement

Have an educator, permanent charge nurse or manager complete a letter of endorsement/recommendation indicating that the registered nurse applying for PLAR consistently provides competent and caring practice in the perioperative setting. The more specific and thorough the recommendation letter, the more helpful it would be in assessing and recognizing prior learning.

Journal guidelines for your synopsis of ten 8-hour shifts

You are required to summarize the care you gave for each 8-hour shift. You must present information about the patients you care for and your role in providing patient care. Attempt to present information from a variety of services within the perioperative setting to aid the faculty member/instructor in evaluating your skill set (i.e. do not send in 15 shifts indicating care you provided in only one service such as orthopaedics or gynecology, etc). Also, attempt to present both circulator and scrub roles in your data.

Include the following information:

- Date
- Patient age, any pertinent information (i.e. physical condition, latex allergy, blind etc)
- Type of surgical procedure(s) performed
- Your role- scrub nurse, circulator, anesthesia
- Competencies applied – outline skills and techniques implemented. Relate as many as possible to the ORNAC standards.

The more thorough and concise your synopsis is, the easier it will be for you to provide evidence of prior learning

PLAR synopsis instruction and example:

The faculty who will assess your submission of this synopsis will be looking for you to demonstrate that you are incorporating the theoretical knowledge learned in the individual courses into practice, focusing on the individual needs of you patient, and providing optimal perioperative patient care. This document, along with the case studies and other materials you are asked to submit, replaces 10 weeks of clinical experience, so please use this opportunity to showcase your knowledge. However, please understand that for routine tasks; you only need to outline specific procedural guidelines once, keeping in mind that each case needs to focus on the specific needs of your individual patient. More specifically, for things that are routine, like putting on a cautery pad, a tourniquet, preparing a dressing, labelling a specimen, etc. that are routine practice in the OR, if you explain it thoroughly the first time, you **WILL NOT** be expected to elaborate each and every time you do it. Just record that you did it, unless there is some new info specific to the patient. Once you have demonstrated that you understand and implement optimal perioperative nursing care standards, you can just briefly document in subsequent cases. The first several days there will be lots to write but after that it becomes less and less work to record the care you provided and the competencies that you applied. So,

if you are documenting the first of a particular type of skin prep for an inguinal hernia, the second is a breast, and so is the third. In this particular situation, you have already discussed the breast prep in detail once. . . unless there is something really unusual or different about the second case, please don't invest a lot of time describing it again.

Please see the following submission examples:

Example 1: Submission for May 6, 2005

May 6, 2005: 39 year old male is having a right inguinal hernia repair.

NKA. One previous surgery 3 years ago for left inguinal hernia repair. Has eczema that is treated with 1% cortisone cream. No other pertinent medical history.

I was the circulator on this case and was responsible for opening the supplies for the scrub nurse, for preparing the accessory equipment such as the cautery unit. I prepared the ESU according to the surgeon's setting of 30 cut and coag and blend. I accessed the adult cautery pad and opened it in preparation for monopolar surgery. (ORNAC Standard 6.1.17). I completed the surgical count with the scrub nurse including all instruments, sponges, and sharps and misc. items. By this point the patient was anesthetized with a general anesthetic, so I obtained permission from the anesthetist to start preparing the patient for surgery. I repositioned the blankets, one over the legs with the safety strap over the top of the blanket and the thighs and one over the upper chest and arms of the patient to keep him warm and provide privacy for the patient. I placed drip towels at the patient's sides. I also selected a site for the cautery pad that provided a muscular area that was relatively free from hair, no skin lesions from his eczema, no lotions, no scar tissue and near the surgical site. I then applied the pad ensuring that it was in good contact with the patient's skin, no tenting etc. as I performed the skin prep I ensured that no solution got under the cautery pad to minimize the possibility of burns, I performed the skin prep in the following manner. . .

Once the skin prep was completed, I removed the drip towels to prevent the patient from lying in any pooled solutions that might cause a chemical burn. I then assisted with the beginning of the case activities as follows. . .

Example of an assessor's interpretation of the May 6/05 submission

Submission: May 6th, 2005 39 year old male having a right inguinal hernia repair. NKA. One previous surgery 3 years ago for left inguinal hernia repair. Has eczema that is treated with 1% cortisone cream. No other pertinent medical history.

I was the circulator on this case and was responsible for opening the supplies for the scrub nurse, for preparing the accessory equipment such as the cautery unit. I prepared the ESU according to the surgeon's setting of 30 cut and coag and blend. I accessed the adult cautery pad and opened it in preparation for monopolar surgery. (ORNAC Standard 6.1.17).

Interpretation: So you recognize that monopolar cautery requires a pad and are preparing appropriately.

Submission: I completed the surgical count with the scrub nurse including all instruments, sponges, and sharps and misc. items.

Interpretation: Correctly following the appropriate policy because peritoneum may be open and there is the possibility of losing instruments as well as other supplies.

Submission: By this point the patient was anesthetized with a general anesthetic, so I obtained permission from the anesthetist to start preparing the patient for surgery.

Interpretation: This is important because you don't want to proceed without their go ahead.

Submission: I repositioned the blankets, one over the legs with the safety strap over the top of the blanket and the thighs and one over the upper chest and arms of the patient to keep him warm and provide privacy for the patient.

Interpretation: Shows consideration and respect of the patient's modesty and minimizing risk of hypothermia which interferes with wound healing.

Submission: I placed drip towels at the patient's sides.

Interpretation: Preventing patient injury-chemical burns.

Submission: I also selected a site for the cautery pad that provided a muscular area that was relatively free from hair, no skin lesions from his eczema, no lotions, no scar tissue and near the surgical site (ORNAC Standard 6.1.23).

Interpretation: Demonstrating application of principles taught in NURS 246 and the ORNAC standards so if you list all the things here, then I know you can apply them.

Submission: I then applied the pad ensuring that it was in good contact with the patient's skin, no tenting etc. as I performed the skin prep I ensured that no solution got under the cautery pad to minimize the possibility of burns. (ORNAC Standard 6.1.25 and 12.7)

Interpretation: Same comment for these last two statements. I performed the skin prep in the following manner. . .

Example 2: Inguinal herniorrhaphy

The next surgery the nurse circulates for another inguinal herniorrhaphy, and there is nothing medically or surgically significant for the next patient from the May 6/05 submission. The nurse, therefore, can simply record that they selected and placed the cautery pad in a particular location without expanding on the rationale for why, because it has already been described thoroughly in her May 6/05 submission. However, for this next patient, they were also responsible for admitting the patient to the theatre and positioning the patient on the bed, so they would want to thoroughly describe the patient positioning including safety aspects. However, in any later descriptions of patients admitted to the theatre and placed supine on the bed, they need not describe fully unless there was something significant for that patient, i.e. skin breakdown on heels of patient that required extra padding etc.

Note:

Please contact program faculty at (306) 775-7592 if you require any clarification about the expectations of this synopsis. You are responsible for documentation demonstrating that you can function in the circulator role, and the scrub role so please ensure that your documentation adequately reflects this.

Case studies

You will be required to do 4 case studies to demonstrate clinical experience if the PLAR assessor deems it necessary.

- 1 general surgery
- 1 gynecology or 1 obstetrics
- 1 orthopaedics
- 1 perineal procedure [gyne or general surgery]

You will follow the client through the perioperative phase by performing preoperative and postoperative visits, scrubbing on the procedure and accompanying the client to PACU (post-anesthesia care unit or recovery room) following completion of your duties in the scrub role. One of these case studies must incorporate the care requirements of pediatric clients and another must include the care requirements of geriatric clients. At least 1 case study must be submitted by the end of the fourth week of clinical experience with the remainder submitted prior to the end of the ninth week of clinical experience.

Use the following format

The case studies provide an opportunity for students to demonstrate a thorough understanding of all components of client care in the perioperative setting. The format follows the nursing process. Please be as thorough and concise as possible in your completion of the case studies. The more complete your documentation, the easier it will be to evaluate. Present the information so that the instructor evaluating the case study experiences the case as if they were actually there in the room. If you require clarification about the completion of the case studies please contact the program faculty.

Case study format**1. Assessment**

- Pre-op visit
- Nursing diagnoses
- Medical diagnoses
- Procedure: Use the correct terminology, name the exact procedure done

2. Planning

- Individual Care Plan
 - Adaptations to standard care plan found in *Alexander's Care of the Patient in Surgery*. As with any care plan, it must be individualized for this particular client.

3. Implementation

- Position used (including safety measures)
- Preoperative skin care (including safety measures) - Outline in detail what supplies were utilized to perform the skin care and in what manner.
- Draping - Outline in detail what supplies were utilized to perform surgical draping, who applied the drapes and in what manner.
- Procedure:

Use your own words to describe the surgery step by step.

Please note: You are **not** required to repeat any of the information presented in the sections regarding positioning, skin preparation, surgical draping, anesthesia, drugs used etc., that are addressed in other sections of the case study incision used

- Instruments used – numbers, purpose, order used.
- Sutures used (indicate needle and suture size and type, absorbability and tissue sutured).
- Remember to include surgical count information as appropriate for your case. Be sure to note anything unusual about your case. This is a representation of what **actually** happened, not a textbook outline of a particular case. Be creative in including diagrams, photos (if they are available to you), photocopied information that is pertinent to this particular client etc.
- Equipment and supplies used (include sterile and unsterile items)
- Type of anesthesia used
- Drugs used and intended purpose of each drug
- Completion of case activities, such as:
 - Report to Postanesthesia Care Unit (PACU)
 - Completion of documents
 - Disposition of records, specimens and cultures

4. Evaluation

- Post-op visit: client observation, nurse observation
- Prognosis: Tell how this procedure should affect the client. What outcome can the client expect as a result of this procedure?

Appendix I: Exam proctor form



If you plan to write a theory exam off campus, please return this completed form to your Saskatchewan Polytechnic program. Request this at [Step 4 – Action Plan](#). All PLAR exams are written online at the assigned test sites. You can write the exam under secure conditions when it is convenient to both you and your proctor.

Program Head
Perioperative Nursing programs
Saskatchewan Polytechnic Nursing Division
Wascana campus
4500 Wascana Parkway, PO Box 556 Regina SK S4P 3A3

Exam proctor form for PLAR

The exam supervisor should be a professional (teacher, RCMP, secretary, clergy, etc.) and must be a non-relative

Exam supervisor

Name: _____

Address: _____

Postal code: _____

Occupation: _____

Place of employment: _____

Business phone: _____ Home phone: _____

Student's name: (please print) _____

List course(s): _____

Signature of exam supervisor

Frequently asked questions (FAQ's)

1. Can I PLAR the Nursing Lab and Clinical Preceptorship?

Yes, the psychomotor skills lab and clinical are available for PLAR

2. How long to I have to complete the PLAR challenge?

When you meet with the program PLAR advisor, an action plan will be developed with specified time lines set for assessment options.

3. What if I want to review some of the materials related to the course before I take the PLAR challenge?

All the texts and course materials are available through the Saskatchewan Polytechnic Wascana bookstore. You can also access textbooks through the library once you have registered for the PLAR challenge exam. A current booklist can be found after with each course.

4. What happens if I am not successful at a PLAR challenge? Can I repeat the challenge?

If you do not receive credit through the PLAR process and still wish to obtain the advanced certificate, you are required to enrol and take the course/program.