# Implementation of an ambulatory surgery center nurse training program

*Periop Briefing* interviewed Kelly Kapp, RN, CNOR, CNAMB, clinical education director, Surgical Care Affiliates, Deerfield, Illinois, about her project to implement a training program to develop ambulatory surgery center nurses, which transitioned into a virtual option during the COVID-19 pandemic.

## What was the catalyst for this project?

Perioperative nursing curricula is absent in many collegial nursing programs, which can reduce recently graduated nurses' awareness and interest in opportunities to work in the OR environment. Simultaneously, many nurses are either retiring from the perioperative field or leaving the profession for a variety of other reasons. As such, ambulatory surgery centers have been facing shortages of perioperative nurses for several years. We also identified that nurses who trained "on the job" may lack clinical expertise and have gaps in understanding the "why" behind certain clinical standards. Our intent was to develop our own perioperative nurses to raise the bar of high-quality nurses and improve nurse retention, which could improve patient outcomes.

## How did you approach creating and implementing it?

AORN has a successful perioperative training program for nurses called Periop 101, which we used as a jumping-off point. Although this curriculum provides a robust set of modules, we wanted to add additional layers of organization-specific education and training. We opted for a 12-week course that would provide a blended learning experience comprised of 24 online didactic education sessions focused on patient safety, live weekly classroom discussions with an educator, and hands-on practicums in the OR with an assigned preceptor selected by facility leaders. We incorporated our company's patient safety initiatives and clinical best practices and invited guest subject matter experts, including vendors, nurse leaders, and anesthesia professionals, to provide in-service sessions and training on specialty, nursing, and anesthesia best practices. We planned to offer the program to nurses new to the OR, including recently graduated nurses, and those trained "on the job" who had limited knowledge of or skills in the OR setting. Each course would consist of a cohort of 10 to 12 students.

Before initiating the program, it was presented at and discussed in our regional clinical quality council and leadership meetings. Facility leaders were asked to assess their contract labor use and staffing needs and recommend nurses for the program. I called each of the recommended nurses to discuss the specifics of the program, including the time commitment. Those wanting to move forward completed an online registration for Periop 101 through AORN. To ensure that what was being taught in the program was translating to real-life practice, I made in-person visits to each facility where there was a student to observe the preceptors and students in the ORs.

A cohort of students from Surgical Care Affiliates, Deerfield, Illinois, learn to perform a surgical hand scrub. Photo courtesy of Surgical Care Affiliates.

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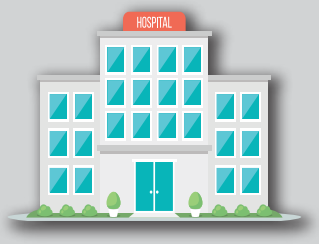
## FACILITY PROFILE




**Health System:**
Surgical Care Affiliates

**Hospital Location:**
More than 260 ambulatory surgery centers nationwide

**Specialties:**
All surgical specialties

When the COVID-19 pandemic hit in March 2020, our organization planned to temporarily close facilities based on Centers for Disease Control and Prevention recommendations and state mandates. The facility leaders and perioperative teams explored ways to use the down time and determined that this program would be one great option. We decided to adapt the program into an accelerated five-week, 100-percent virtual program that consisted of the same curriculum, but with virtual classrooms and in-service sessions. Twenty students registered. We selected a video conferencing platform to establish the classroom setting, provided training on the technology to students, and ensured that they all had a computer with a camera and microphone to use during the class. In the program kick-off call, we explained how to navigate and connect to the platform. A comparison of exam data from the in-person and virtual programs indicated that the virtual program was as successful as the in-person program. We have since kept the program virtual, but returned to the 12-week course.

### How did you achieve buy-in from the perioperative team?

At the facility where there is a participating nurse, we announce to the perioperative team that there is a nurse from their facility selected for the training program. This is done in huddles, staff meetings, e-mails, and one-on-one discussions. We outline the program expectations and time commitment, the responsibilities of the class participants and their leaders, and what is needed from the entire team. We also have a group call with the perioperative team members and the chief executive officers to ensure that everyone understands the commitments and is fully on board.

There is a conversation that takes place between the perioperative team and the facility leaders about practices that will be learned by the nurse student during the program. This provides opportunities for new education and training for the whole perioperative team that are in line with AORN Guidelines and patient safety practices, which supports our core value of continuous improvement. The leaders develop an action plan that includes communication, reinforcement of policy, and follow-through to achieve and support the goals and objectives of the program.

Facility leaders were quick to understand the positive effect of this program, because when the nurses participating in the program returned with the knowledge of best practices, it helped support a patient safety culture. Knowing that it may take time for the team to embrace new ideas, however, it is critical that leaders provide continuous support and consistent messaging on patient safety to their teams. The perioperative teams working in each facility ultimately want to support students in the program and, subsequently, continue to improve themselves.

### What challenges have you experienced?

Initially, there was a lack of awareness of the value and benefits of the program among stakeholders, and a lack of follow-through on program commitments. We overcame these challenges with various communication strategies, including presentations and in-person meetings that outlined the program and its value, expectations, and the responsibilities of class participants and their leaders. We also posted a flyer describing the program on our health system intranet for all staff members in the organization. We consistently shared the progress of the nurses in the program and program updates on our internal social media platform. We really tried to celebrate everyone's

Loretta Gibson, CRNA, educates a virtual cohort of students from Surgical Care Affiliates on anesthesia principles and practices. Photo courtesy of Surgical Care Affiliates.

successes with the program, from the nurse students to the facility leaders.

At first, it was challenging to get nurses into the program because many facilities indicated that they had not pre-planned or budgeted for the program. We shared with the facility chief executive officers and other decision makers the value and return on investment of the program. After these discussions, some facilities became more amenable to taking on the cost required to train the OR nurses.

Some facilities did not have Periop 101–trained nurses to serve as preceptors for a nurse in the program. For these facilities, we identified a sister facility within a reasonable distance and had the nurse in the program go there for training. In addition, some facilities did not have a surplus of nurses and thus sending a nurse to the program could leave them short-staffed for three days a week for 12 weeks. To alleviate this, we worked with a staffing agency that could set us up with nurses for short-term assignments.

Nurses enrolled in the program learn current standards and recommended practices that help drive high quality of care and positive patient outcomes, and occasionally their colleagues can have practice questions when they are in the clinical setting. The students are guided to share opportunities for improvement with their preceptors and leaders, who then huddle and plan ways to share and re-educate the whole team on current standards.

With the virtual program, we anticipated that student engagement could be lacking because of competing tasks and interruptions. Understanding and acknowledging this possibility from the very beginning gave us the advantage of setting the stage for success. On the program kick-off calls, we addressed the importance of their engagement and set the expectations for engagement early.

## What results have you seen?

The program has included 11 completed cohorts and graduated more than 80 nurses. The virtual program has allowed us to reach a broader population of nurses in a timely and cost-effective manner. Interest in the program continues to grow; for 2022, we are currently planning our 13th and 14th cohorts of students. Many of the program graduates have been recognized for their additional learnings and were promoted into leadership positions.

As people began to see the value of the program, they wanted to be a part of it. We were able to engage nurses and other experts in providing in-service sessions and other training for the program. Because of the continued interest, our organization's education team also is growing.

We have since implemented a separate 10-week clinical leader program. Our organization suggests that clinical leaders with no formal OR training or past OR experience complete the Periop 101 program within the first 18 months in their leadership position. We also have included leader-specific training as part of this program. The ongoing plan is to have at least two clinical leader programs annually.

## What lessons did you learn and what are your future plans?

If staffing is short, the student often gets pulled back into the staffing mix and does not participate in class or with the preceptor, which risks the student falling

behind. Therefore, it was essential for us to prioritize scheduling and address staffing challenges in advance of the program. This includes considering the effect of seasonal staffing shortages, such as summer and holidays. It also was important to ensure that the perioperative team and facility leaders understood the time commitment of the program.

Preceptors can be key to the success of the program, so it is essential to develop and engage them in the program and their role. We had to put maximum effort in selecting preceptors by working with each facility to determine who would be a good fit and identify important qualities we wanted in preceptors, such as being organized and prepared, having good communication skills, being a coach and cheerleader, and understanding the program and its importance. Precepting is not for everyone, so having these conversations about the role and expectations up front helped align the vision with all involved.

With this program our nurses not only gained skills and confidence, they also inspired and influenced their teammates to raise the bar with patient safety. When they returned to the OR and implemented the best practices that they had learned, it put a spotlight on areas of opportunity and made the entire team more aware. Clinical practices have improved because of this awareness.

We learn new things with every cohort and, as such, the program continues to evolve and improve. One change we made is that we now do a check-in with all the nurses in the program each week, including asking them about times they had questions about common practices. It provides a safe space for the nurses to share their experiences from the past week. At the end of each day, we also ask the nurses for two action items based on their learnings that day.

***Editor's note:*** *Periop 101 is a trademark of AORN, Inc, Denver, CO.*

If you have questions about this project, send an e-mail to Kelly Kapp, RN, CNOR, CNAMB, at Kelly.Kapp@scasurgery.com. If you have a project or solution that you would like to share in this series, send an e-mail to aornnews@aorn.org.