

Proposed AORN Position Statement on Orientation of the Registered Professional Nurse to the Perioperative Setting

Preamble

AORN has been approached many times during the past few years to provide guidelines for orientation of both novice and experienced perioperative nurses. We recognize that facilities come in every size and configuration, and one orientation program will not adequately address every need. We believe, however, that there are certain basic components of orientation that must be met consistently to ensure the provision of safe patient care.

AORN defines a novice perioperative nurse as any nurse who has not worked in an OR environment before. This would include a new graduate or an experienced nurse from another area of nursing. It also would include a nurse with previous OR experience who has been away from the OR for an extended period of time.

AORN defines an experienced perioperative nurse as a nurse with recent OR experience. This nurse should have at least two years of experience in a facility of similar size and patient load as the hiring facility. A skills assessment form should be completed to accurately assess competency levels in all specialties.

Position Statement

AORN believes that orientation programs need to be customized to meet the individual needs of the orientee as well as the facility. Before a new nurse begins work, the nurse educator, orientation facilitator, clinical nurse specialist, and/or the nurse manager need to assess both the ability of the system to accommodate the learning experience and the orientee's baseline knowledge and preferred learning method. Orientation timelines and, therefore the impact on the budget, will vary depending on the capacity of the facility.

Scope of orientation. AORN believes that the following topics should be developed by the organization and incorporated into the orientation of perioperative registered nurses:

- * Administrative
 - * Health Insurance Portability and Accountability Act compliance
 - * culture of safety
 - * vendor policies
 - * scope of practice
 - * employee rights
 - * organizational structure
 - * regulatory issues
 - * code of conduct
 - * introduction to the Perioperative Nursing Data Set
 - * terminology
 - * legal issues

- * documentation
- * employee safety
- * informed consent
- * communication
- * advanced directives
- * Delivery of safe care
 - * time-out procedure
 - * assessment of patients
 - * electrosurgical safety
 - * advocacy
 - * medication safety
 - * positioning
 - * count policy
 - * radiation safety
 - * specimen handling
 - * performance improvement
 - * anesthesia
 - * smoke evacuation
 - * fire safety
 - * cultural/population-specific policies
 - * age-specific policies
 - * laser safety
- * Emergency management
 - * disaster planning
 - * malignant hyperthermia
 - * basic life support skills
 - * code response
 - * fire safety
 - * latex allergy
- * Professional development
 - * team roles
 - * committee participation
 - * scope of practice
 - * critical thinking
 - * career advancement
 - * professional associations
 - * certification
- * Aseptic technique
 - * infection control
 - * surgical attire
 - * tissue banking
 - * instrument processing (ie, care and handling)
 - * sterilization/disinfection
 - * skin preps
 - * scrubbing, gowning, and gloving
 - * aseptic technique

- * wound management
- * environmental responsibility
- * Equipment/instrumentation/supplies
 - * tourniquets
 - * minimally invasive (ie, endoscopic) equipment
 - * basic instrumentation
 - * powered equipment
 - * basic OR equipment (eg, tables, lights, electrosurgical unit, suction)

AORN believes that perioperative nurses must be oriented to both the scrub and circulating roles during the orientation period. The orientation process should include orientation to off shifts, weekends, and call situations. This should be accomplished using the preceptor system (ie, having an experienced nurse serve as an immediate resource for the orientee).

Orientation length. AORN believes that a basic orientation for a novice perioperative nurse should take at least six months but not more than nine months, including specialty rotations. A minimum of one week for each specialty is recommended.

AORN believes that orientation for an experienced nurse will take at least three months including specialty rotations. A minimum of one week for each specialty is recommended.