

Transitioning From Perioperative Staff Nurse to Perioperative Educator



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ABSTRACT

Perioperative nurses who enjoy teaching may wish to become staff development educators. The shift to this new role requires a transition period during which the new educator acquires the knowledge, skills, and attitudes integral to mastering the job. A systematic approach to achieving baseline competencies in the educator role helps to ensure a successful conversion from providing direct patient care to supporting the educational needs of staff members. *AORN J* 106 (August 2017) 111-120.

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Most perioperative nurses enter their first educator role as expert staff nurses but novice educators. Their clinical and leadership skills drew the attention of their managers, but they may have minimal formal or informal preparation for the teaching or learning process other than their own experience. The novice educator often experiences confusion and a sense of loss moving from familiar routines to unfamiliar tasks and responsibilities.¹ Feeling overwhelmed is the primary emotion associated with being a new nurse educator.¹ Familiarizing the novice perioperative educator with tools and resources (see [Sidebar 1](#)) helps provide a successful transition into a new, exciting, and rewarding role.

UNDERSTANDING NURSE EDUCATOR ROLE EXPECTATIONS

The first step in a successful transition to the nurse educator role is to understand the expectations of the job. A nurse considering transitioning to this new position should review the qualifications outlined in the job description and compare them with his or her current expertise and experience. The job description contains important details related to the position, including required work experience, education, and skills, and

describes the responsibilities of and the amount of time allotted to the educator role. [Figure 1](#) shows a sample job description.

At facilities where the perioperative nurse educator role is new, the successful applicant may have the benefit of writing a new job description. The nurse educator should consider including the Institute of Medicine's core competencies,² which reflect current best practices in education. These include

- preparing staff members to provide patient-centered care,
- collaborating successfully with multiple disciplines,
- incorporating evidence-based practice into quality improvement initiatives, and
- using information technology for effective communication and reducing errors.²

The educator role is very different from the staff nurse role. The nurse should bring a list of questions to ask during interviews (eg, ongoing quality improvement initiatives, the date of the last regulatory survey, the numbers of certified and temporary staff members, orientation programs for newly graduated nurses, the plan for ongoing competency assessment) and obtain answers before accepting the position.³

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Sidebar 1. Perioperative Educator Resources

Journals

- *AORN Journal*
- *Journal for Nurses in Staff Development*
- *Nurse Educator*

Books

- Benner P, Sutphen M, Leonard V, Day L. *Educating Nurses: A Call for Radical Transformation*. Stanford, CA: Jossey-Bass; 2009.
- Bradshaw MJ, Hultquist BL. *Innovative Teaching Strategies in Nursing and Related Health Professions*. 7th ed. Boston, MA: Jones and Bartlett Learning; 2016.
- Wright D. *The Ultimate Guide to Competency Assessment in Health Care*. 3rd ed. Minneapolis, MN: Creative Health Care Management, Inc; 2005.

Web Sites

- Clinical nurse educator specialty assembly [AORN member benefit]. AORN, Inc. <http://www.aorn.org/community/specialty-assemblies/clinical-nurse-educator-specialty-assembly>.
- Perioperative orientation. Includes orientation resources, guidelines assessment, adult medication safety assessment, and *Periop 101*. AORN, Inc. <http://www.aorn.org/search#q=perioperative%20orientation>.
- Resources for educators, including an extensive preceptor development program. Vermont Nursing in Partnership. www.vnip.org.
- Rubrics for teachers [free resource]. <http://rubistar.4teachers.org/index.php>.
- Staff development resources [AORN member benefit]. Includes case studies, simulation scenarios, and prevention of sentinel events. AORN, Inc. <http://www.aorn.org/education/staff-development>.

Professional Development

- Association for Nursing Professional Development. <http://www.anpd.org>.
- Accrediting and regulatory agencies
- Specialty nursing organizations
- State boards of nursing and medicine
- State and local health departments
- The Joint Commission. <https://www.jointcommission.org>.
- US Food and Drug Administration. <https://www.fda.gov>.

Certification Boards

- For RNs: Competency & Credentialing Institute. www.cc-institute.org.

- For sterile processing personnel: International Association of Healthcare Central Service and Materiel Management. <https://www.iabcsmm.org/certification-menu/crest-certification.html>.
- For surgical technologists: The National Certification Board of Surgical Technology and Surgical Assisting. <https://www.nbtsa.org>.

If the hospital has Magnet status or is applying for Magnet designation, the educator will play a key role in creating new opportunities for innovations in evidence-based practice and quality improvements. The applicant should ask how the facility will support the educator in meeting these initiatives.⁴

The applicant should review the mission and vision statements of the facility and note their alignment with his or her personal teaching philosophies.⁵ The educator is expected to support facility goals, which typically focus on the provision of safe, quality patient care. The goal of the educator is to meet the facility's mission by identifying, evaluating, and implementing educational methods that encourage behaviors that improve patient care.⁶

Prospective educators should determine the reporting structure of the department, starting with the direct supervisor. Depending on whether education is centralized or decentralized, the nurse educator's direct supervisor may not be in the perioperative department, have knowledge of perioperative nursing, or be a nurse. This person, however, will be responsible for

- providing the educator's performance evaluations;
- serving as the administrative liaison between the perioperative department and other areas;
- developing the budget, including monies set aside for staff member development; and
- holding ultimate responsibility, along with the educator, for ensuring that staff members are provided with a safe environment in which to practice.

It is important to have a good working relationship with this person from the beginning to move educational goals forward for the department.

The applicant should seek clarification of expectations related to the percentage of time spent in the educator role. Not every educator position is full-time, and divisions between staff member and educator roles require a realistic prioritization of what can be accomplished. If the educator position is full-time with no direct patient care requirements, the novice educator should consider spending time in the clinical setting. This

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