

THINK TANK ON PERIOPERATIVE LEARNING EXPERIENCES IN THE NURSING CURRICULUM

Co-Sponsored by the
Association of periOperative Registered Nurses Foundation
and the
National League for Nursing

SUMMARY REPORT

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SUMMARY REPORT

BACKGROUND

In October 2003, the AORN (Association of periOperative Registered Nurses) contacted the NLN (National League for Nursing) to discuss ways to address what they perceived to be a critical problem: the removal of the perioperative component from most of today's nursing curricula. The lack of perioperative experiences in many curricula limits the number of new graduates who have exposure to and interest in perioperative nursing practice, and this, in turn, results in few new graduates choosing to pursue a career in this area of practice. This situation, combined with the reality that perioperative nurses are retiring in greater numbers, leads to serious concerns about the ability to staff perioperative arenas in the future.

Together, the AORN and NLN agreed to co-sponsor a Think Tank to address this problem. Individuals who represented perioperative practice, who represented various types of nursing education programs (associate degree, diploma, baccalaureate, and graduate), and who had some expertise in nursing education and curriculum development were invited to participate in the Think Tank to share their ideas.

With the generous support of Alliance Medical Corporation (Phoenix, AZ) and the Certification Board Perioperative Nursing (Denver, CO), the Think Tank was held in Phoenix on February 20-22, 2004. Sixteen individuals (see Appendix A) participated in extensive dialogue about the issue, under the talented guidance of a facilitator, Mary Jane Mastorovich, MS, RN, of Georgetown University School of Nursing in Washington, DC, and with the support of the two AORN representatives noted in the Appendix.

PURPOSE OF THE THINK TANK

The NLN and AORN had outlined three purposes of the Think Tank that were used to structure the session and guide the discussion. Those purposes were as follows:

Examine the knowledge, skills, and values associated with caring for perioperative patients and their families that are appropriate to generalist preparation for the RN role

Explore how students can most efficiently and effectively develop those knowledge, skills, and values

Propose strategies to help faculty with a specialty focus in perioperative nursing to provide leadership in curriculum development and innovative teaching/learning/evaluation efforts that will help students attain the defined knowledge, skills, concepts and values

As Think Tank participants engaged in dialogue, there was agreement that our purpose also includes the following:

Educate faculty about the full range of perioperative nursing opportunities available to students ... “perioperative” nursing practice takes place in many clinical settings and throughout the hospital, not only in the OR

Educate faculty about how many of the knowledge, skills, and values thought to be essential for 21st century nursing practice can be achieved through perioperative learning experiences

Propose strategies on how more students can be exposed to perioperative nursing practice without advocating to faculty that they increase “content hours” in an already “overloaded” curriculum

Educate faculty -- and the nursing community in general -- about what perioperative nurses actually do and how their role is different from others in pre-, intra-, and post-operative settings

INTRODUCTION

The Think Tank facilitator, Mary Jane Mastorovich, asked participants to consider the following two quotes as they engaged in discussions:

Never doubt that a small group of thoughtful, committed people can change the world. Indeed, it is the only thing that ever has.

Margaret Meade

How do I know what I think until I hear what I say?

E.M. Forester

Think Tank participants were then asked to share their personal expectations for this meeting. The comments shared by individuals are included as Appendix B.

The group then viewed a film entitled, *The New Business Paradigm (Revised)*. This film featured a futurist, Joel Barker, who is well known for his contributions related to leadership, change, and paradigm shifts. After viewing the film, Think Tank participants were asked to comment on its relevance to their work. Among the points cited were the following:

- ✓ We must become comfortable with uncertainty and recover from the “terminal disease of certainty”
- ✓ We must be willing to engage in change and, indeed, be comfortable with it

- ✓ We often “distort data” to make it fit with our existing paradigms, rather than change our paradigm, and are “blinded by the success of our existing paradigm”
- ✓ When a paradigm shifts, everyone “goes back to zero,” meaning they face an enormous number of unknowns, as their previous understandings of the world have now been called into question
- ✓ Today’s “epidemic of quality” requires that we call our existing paradigms into question and that we be open to making significant change in the way we do things and what we believe
- ✓ “Those who say it can’t be done should get out of the way of those who are doing it”
- ✓ It takes courage to challenge our existing paradigms ... and to change

TRADITIONS AND “EXISTING PARADIGMS” IN NURSING AND NURSING EDUCATION

Challenged by the ideas presented in this film, Think Tank participants were then asked to explore the traditions, “existing paradigms,” and “sacred cows” that exist in nursing and nursing education that may be barriers to change. The following were identified:

- ✓ Lock-step curricula (which describes many nursing curricula) allow for little, if any, student choice or opportunities to explore areas of interest to them
- ✓ Content-driven curricula (which describes many nursing curricula) emphasize “covering content” more than student learning, students’ excitement about learning, processes, values development, etc.
- ✓ Teaching theory and practice concurrently may inhibit student learning, rather than enhance it
- ✓ Faculty, who are experts in a narrow area of clinical practice, may have difficulty “translating” that knowledge to the level of a beginner
- ✓ Faculty concerns about promotion and tenure may inhibit their willingness to try innovative approaches to teaching/learning, evaluation, or curriculum development
- ✓ Teaching and learning generally are individual activities, yet our practice settings expect teamwork and collaborative, cooperative functioning
- ✓ Faculty feel great pressure to prepare students to pass the NCLEX-RN exam and design learning and evaluation methods that align with that exam
- ✓ There often is repetition of material in a nursing curriculum
- ✓ Students report being overwhelmed with work but not intellectually challenged in nursing programs ... and they want to be challenged to think
- ✓ Most faculty are expert clinicians who have not been prepared for the faculty role and, therefore, do not have the theoretical base on which to design innovative curricula
- ✓ Faculty and schools are under pressure to “fill classroom seats” to meet revenue and “enrollment picture” expectations
- ✓ The way we provide clinical experiences in nursing programs has not changed significantly over the years

There are many more “traditions, existing paradigms, and sacred cows” that could be identified, but there was agreement that this exercise helped us affirm that we face many barriers -- real or potential -- when we take on the challenge of designing and

implementing truly innovative curricula. Yet if we are to prepare graduates who can function effectively in current and future practice arenas, nursing curricula, the teaching and evaluation strategies used, and the learning experiences that are designed for students all must be changed significantly.

INFLUENCING FACTORS

With this general framework in mind, the group then explored a variety of factors that influence nursing education and nursing practice. It was acknowledged that all of these factors must be considered when designing educational programs, selecting teaching methods, choosing ways to evaluate student learning, designing clinical experiences with students, and designing strategies that will recruit and retain a diverse, talented student body. These factors are included as Appendix C.

KNOWLEDGE, SKILLS, AND VALUES NEEDED FOR 21ST CENTURY NURSING PRACTICE

Keeping these influencing factors in mind, the group then outlined the knowledge, skills, and values needed by nurses who practice in today's complex, ever-changing, unpredictable knowledge-driven health care system. The following were identified by Think Tank participants, but these are not intended to be complete list.

Knowledge

- ✓ Anatomy & Physiology ... an essential base that will serve students well in many subsequent courses and in their practice
- ✓ Ethics ... principles and theory
- ✓ Change theory
- ✓ Nursing history
- ✓ Professional issues
- ✓ Mathematics
- ✓ How legislative decisions affect society, health care, and nursing practice
- ✓ Cultures other than the student's own
- ✓ Information technology
- ✓ Health care economics, funding, etc. ... a basic grasp of this information and how these things influence nursing practice
- ✓ How to access, evaluate, create, and assimilate information
- ✓ How to move from data to meaning
- ✓ How to transfer knowledge
- ✓ Various means of managing rapid throughputs
- ✓ Nurse's scope of practice
- ✓ How to develop one's critical thinking skills
- ✓ Patient education, including how to navigate the system
- ✓ Patient advocacy
- ✓ End-of-life issues
- ✓ How to collaborate and work in teams
- ✓ How to delegate to and supervise others

- ✓ Health, illness, wellness
- ✓ What evidence-based practice is and how to achieve it
- ✓ Research that underlies nursing practices

Skills

- ✓ Reflective thinking
- ✓ Critical thinking
- ✓ Ability to manage uncertainty and ambiguity
- ✓ Assertiveness
- ✓ Conflict management
- ✓ Maintaining asepsis
- ✓ Assessment ... “solid” assessment skills are critical
- ✓ Teaching ... patient education
- ✓ Collaboration and collegueship
- ✓ Management of resources
- ✓ Caring
- ✓ Communication ... in all its forms
- ✓ Creative thinking
- ✓ How to multi-task
- ✓ Technologies of intervention
- ✓ Psychomotor skills required for patient care
- ✓ Priority setting
- ✓ Adaptability
- ✓ Problem solving
- ✓ Problem identification
- ✓ Systems thinking
- ✓ Delegation/Supervision
- ✓ Ability to organize, set priorities, and manage one’s time effectively
- ✓ Mathematics and calculation skills
- ✓ Persistence

Values

- ✓ Accountability for one’s own actions
- ✓ Lifelong learning
- ✓ Innovation and change
- ✓ Blame-free environments
- ✓ Professionalism
- ✓ Reflective practice
- ✓ Ethical decision making
- ✓ Individualism
- ✓ Respect for others ... colleagues as well as patients
- ✓ Team work and collaboration
- ✓ Practice that reflects courage, dignity, and integrity (e.g., a “surgical conscience”)
- ✓ Patient empowerment

- ✓ Nursing's history
- ✓ Evidence-based care delivery
- ✓ Intellectual curiosity
- ✓ Self care
- ✓ Empathy and caring
- ✓ Richness in diversity
- ✓ Excellence

KNOWLEDGE, SKILL, AND VALUES NEEDED TO PRACTICE IN TODAY'S PERIOPERATIVE ENVIRONMENTS

Once the group identified the knowledge, skills, and values needed by all nurses to function effectively in the health care arena of the 21st century, which is influenced by all the factors previously noted, the question was raised about what else students need to know, value, or be able to do in order to practice effectively in the perioperative area. There was agreement that the above lists incorporate what is needed for beginning perioperative practice. These basics, combined with the specific "OR" skills gained through perioperative orientation, are expected to produce a nurse who can be successful in this specialty area of practice. Thus, the group thought it was not necessary to repeat the knowledge-skills-values exercise specifically for perioperative practice.

One major insight, however, that became a clear "take home" message -- and that will be pursued in "next steps" -- was that ***the vast majority of the knowledge, skills, and values articulated above could be learned through learning experiences that focused on perioperative care. Perhaps this is what should be promoted to schools, rather than suggesting that they increase perioperative content or require all students to have a perioperative experience. Framing the recommendation in terms of "look at all the learning outcomes that could be achieved through a perioperative experience" (i.e., "it's more than merely passing instruments!") might lead to greater acceptance, more students having perioperative learning experiences, and more graduates being interested in a career in this area of practice.***

CREATING A CURRICULUM TO ACHIEVE THESE OUTCOMES

In essence, the goal of nursing education should be to ***prepare a graduate who has the knowledge, skill, and values needed to create a quality patient environment that is safe and empowering.*** In order to achieve this goal and help graduates of all types of programs acquire the knowledge, skill, and values outcomes noted above, Think Tank participants thought the nursing curriculum should be quite different from what it has been, historically. Specifically, the nursing curriculum should be structured around a self-directed learning model where students negotiate individualized learning experiences with faculty, and it should be characterized by the following:

- ✓ It is clearly learner-focused
- ✓ Faculty serve as facilitators of learning
- ✓ Courses are offered non-sequentially (i.e., the rigidity that characterizes most nursing curricula would be eliminated)

- ✓ The knowledge, skills, and values needed to *enter* a course and on which the course will build are specified ... and students are allowed and, indeed, encouraged to gain those knowledge, skills, and values through any number of means (typical courses, online courses, self-directed learning, etc.)
- ✓ Students are held accountable for their own learning
- ✓ Core/"Fundamentals" courses are built around the knowledge, skills, and values noted above
- ✓ Courses are offered as modules that can be taken in any order and can be completed at each student's own pace (within some limits, of course)
- ✓ Specialty content is "dismantled" and courses focus on core concepts that can be learned in any number of settings, including the perioperative arena ... The curriculum is conceptually-based
- ✓ "Science" courses focus on scientific discovery and combine concepts (e.g., microbiology and epidemiology) that are relevant to nursing, rather than address minute facts that are relevant only to a scientist in that area
- ✓ The number of credits allotted to each course/module is determined by the number and complexity of learning outcomes to be achieved, rather than by tradition
- ✓ The ratio of clinical hours:credits might vary from one course/module or level of the program to the next (e.g., for beginning courses where students need a great deal of time to do even the most basic interventions, the ratio might be 4:1; for mid-program students who can function with increased efficiency, the ratio might be 3:1; and for end-of-program students who are expected to function efficiently and who often are focusing on research and the scholarly dimensions of practice [which needs reflective time], the ratio might be 2:1)
- ✓ All students have contact with nursing faculty early in their program as a way to "connect" them with professionals in their chosen field and introduce them to the nursing role early on in their learning experiences
- ✓ All students care for patients along the entire continuum of care (from wholly dependent, to semi-dependent, to independent but requiring education and support)(It was noted that such a goal could be accomplished beautifully through an in-patient or ambulatory perioperative experience where students would have the opportunity to care for patients along the continuum, from pre-operative assessment prior to admission, through the entire perioperative experience, and into the community as the patient recuperates at home or in some other facility.)
- ✓ Students care for patients in a variety of settings (from the intense, acute care setting to the community, home, rehabilitation center, long term care facility, etc.)
- ✓ All students care for patients in a variety of settings (from the intense, acute care setting to the community, home, rehabilitation center, long term care facility, etc.)
- ✓ Assessment skills, critical thinking, and diagnostic reasoning are key concepts that receive significant attention throughout the program
- ✓ Adjunct and part-time faculty have a greater role in designing the curriculum and developing course modules
- ✓ All students have at least one opportunity for a concentrated, extended clinical experience, rather than the "split" experiences they now have in most schools (e.g., 4 hours on Monday and 4 hours on Thursday) ... This could take the form of co-op, work study, an internship, "looped," or other type of experience (NOTE:

- “Looped” is the term given to the University of Colorado’s program that allows students to have most of their clinical experiences in one facility.)
- ✓ All students should be able to take a number of free, unrestricted electives in and outside Nursing as part of their educational experience
 - ✓ Basic skills (e.g., bedmaking, bathing) might be learned in a one-week “workshop” prior to the start of the actual program
 - ✓ Students(a) learn how to use various technologies (in the clinical setting and to access/process/use information) and (b) learn through the use of educational technology
 - ✓ Faculty use innovative, learner-centered, research-based pedagogies to facilitate student learning
 - ✓ Strategies used to evaluate student learning are creative, varied, and appropriate to the learning outcomes (e.g., intensive case studies, formal papers, professional presentations, online dialogue/discussion, poster presentations, creation of a dramatic play, writing of a poem, etc.)
 - ✓ Simulation (e.g., “virtual patients”) is used extensively to enhance student learning, decision making skills, team/collaborative skills, etc.
 - ✓ Preceptors are integrated into the educational experience early and often
 - ✓ Students have an opportunity to “connect” over time with a carefully-selected professional nurse (e.g., via e-mail) who can provide career advice and guidance, feedback, advice on the value of learning various topics (e.g., microbiology concepts), etc. ... These nurses might be identified through the school’s alumni group, local chapters of professional associations, clinical agencies in the surrounding community, etc.
 - ✓ Class time is used for dialogue between and among students and faculty, rather than for faculty to “deliver and cover content”
 - ✓ Students have choice throughout the program (e.g., the textbooks they purchase, clinical placement settings [including perioperative areas], how they prefer to learn material, how they prefer to be evaluated, when they enroll in certain courses/modules, etc.)

During this discussion, Think Tank participants offered some suggestions that were pertinent to graduate education. Although many good suggestions were made, curriculum reform related to graduate programs did not evolve as the focus of the Think Tank. Thus, these notations are included as Appendix D so they will be available for future reference.

FACULTY REQUIREMENTS AND EXPECTATIONS

Given this type of curriculum, Think Tank participants then considered the faculty who will design and implement such programs. There was acknowledgement that most faculty have been prepared as advanced clinicians, and few have had any preparation for the teaching role.

Only a handful of today’s graduate programs offer a “track” in Nursing Education, although the number of such programs has increased recently. As a result, most faculty know very little about curriculum design, program evaluation, learning theories, new pedagogies,

innovative evaluation methods, effective student advisement, how to be an effective “citizen of the academy,” etc.

Clinical-only faculty and preceptors also have not been prepared as educators, but this is understandable since their expertise is in clinical practice and their place of employment is in a clinical setting. However, if these individuals are to be involved in the educational process, they must know something about selecting appropriate learning experiences, evaluating student performance, providing feedback and guidance, effective clinical teaching strategies, and other elements of teaching. Clinical-only faculty and preceptors can be helped to learn these things through workshops, mentoring by educator-prepared faculty, online programs, and other means. Whatever the means, there was agreement that no one should be “thrown in to a teaching role” without adequate preparation.

Full-time faculty -- who need a much broader range of knowledge and skills related to teaching, learning, evaluation, and curriculum development -- also must be prepared for these types of responsibilities. Such preparation can occur through post-master’s certificate programs in Nursing Education, attending conferences like the ones the NLN offers (e.g., the annual Education Summit or the annual Faculty Development Institute), reading education-focused books and journals, seeking out a mentor whose expertise is in education, or other means.

Some State Boards of Nursing specify requirements for full- and part-time faculty, and the accrediting bodies in nursing (NLNAC and CCNE) also set expectations for faculty preparation. Most of these regulations require full-time faculty to hold a minimum of a master’s degree in nursing, and most require that the individual have expertise in the area(s) of her/his teaching responsibilities.

Baccalaureate programs typically prefer that preceptors for undergraduate students hold a minimum of a BSN, and preceptors for master’s students typically must hold the master’s or higher credential. In addition, some State Boards specify qualifications for preceptors. However, schools are able to achieve greater flexibility by giving some type of faculty appointment to a master’s-prepared individual who is on staff at the hospital, and then having that person serve as the “faculty of record” for a group of students who are working in that institution with preceptors.

Despite one’s belief that preceptors and clinical faculty should be selected based only on their clinical expertise, there are realities (i.e., State Boards and accrediting agencies) that schools must address in appointing faculty and preceptors, and these may influence who is given such appointments. However, there are other ways that schools and clinical facilities can cooperate to deal with these issues.

Many schools and clinical institutions have formed partnerships that enhance students’ learning experiences and help relieve the shortage of faculty. The following models were discussed briefly:

- ✓ The CNO supervises students during their leadership experiences
- ✓ Hospitals assign one or several of their master's-prepared clinicians to serve as a clinical instructor for a group of students one or two days/week, without charging the school for this individual's time or expertise
- ✓ The school pays for part of the time of a master's-prepared clinician who serves as a clinical instructor as part of her/his workload
- ✓ One faculty member provides "oversight" to a precepted clinical learning experience

Solutions to the faculty shortage and the general nursing shortage, innovations in curriculum, and increasingly effective means of preparing graduates who can survive and, indeed, thrive in the practice world of the 21st century will occur through concerted efforts of schools and clinical institutions, separately and in collaboration. Among the alliances to explore is the one between the National League for Nursing and the Association of periOperative Registered Nurses.

POSSIBLE NLN/AORN ALLIANCES

There are many ways the AORN and the NLN can work together to advance the ideas generated during this Think Tank. Among the ideas offered for exploration are the following:

- ✓ Both organizations can collaborate to offer a session at AORN's Congress and NLN's Summit about the work we have done here
- ✓ A similar joint program could be offered at other national or regional meetings
- ✓ AORN can continue to offer reduced rates for faculty and free registration for students at its Congress
- ✓ NLN could develop programs on "How to be an Effective Preceptor for Nursing Students" and "How to be an Effective Clinical Instructor for Nursing Students," and offer them to AORN members at a reduced rate ... or (as has been done with other "clinical" organizations) offer such sessions at AORN's Congress, or other conferences sponsored by AORN (NOTE: Such programs would add the "faculty" dimension to complement AORN's existing module on precepting and their clinical educator certification program [offered in collaboration with the University of Colorado School of Nursing], both of which focus on staff development educators.)
- ✓ Both organizations could strategize about how to create partnerships between our members at the state and local level to advance the ideas generated here
- ✓ NLN could offer an audioWeb conference on using the perioperative setting to achieve multiple learning outcomes ... This conference might be called something like, "Opening the Doors to the OR"
- ✓ Both organizations could collaborate to write an article for publication in professional journals, particularly our own (i.e., *Nursing Education Perspectives* and *AORN Journal*)
- ✓ Collaboratively, AORN and NLN could identify which schools are already providing innovative perioperative learning experiences for students
- ✓ Both organizations could develop a research project that would establish demonstration sites (using perioperative areas to achieve broad program objectives) and evaluate outcomes related to student learning, student retention, interest in

- perioperative careers, ultimate leadership in nursing, etc. ... An NLN member could apply for an NLN research grant to support a pilot study for such a project, and/or we might explore external funding for it
- ✓ The NLN Foundation for Nursing Education and the AORN Foundation could develop proposals to jointly solicit funding to support continued collaborative efforts, including subsequent Think Tank meetings
 - ✓ Together, NLN and AORN will identify the type of learning outcomes that can be achieved in each “phase” of the perioperative experience ... This can be sent to schools along with our recommendations about student learning experiences in the perioperative area, and any other sections of this summary we think will be helpful to promote the value of learning experiences in this area
 - ✓ Bring school of nursing and healthcare facility partners together for another Think Tank to discuss this Report and opportunities for collaboration
 - ✓ Explore ways to identify faculty with expertise in perioperative nursing

The overall goal of such collaboration would be to show that the perioperative arena is an excellent place to develop the knowledge, skills, and values essential to 21st century nursing practice and that perioperative nursing involves more than just the OR.

NEXT STEPS

- Joy Don:** Take these ideas back to her university for discussion and feedback.
- Leslie:** Report to appropriate AORN groups about the activities of the Think Tank.
- Kathy:** Send AORN’s National Committee on Education *Primer for Perioperative Nursing* to Think Tank participants so they can use this document as a resource when discussing options for perioperative student learning experiences with their colleagues.
- Terry:** Transcribe the notes from the Think Tank and send them to the planning group for review. They will then be sent to all participants.
- Explore getting the summary of this meeting (or an edited version of it) published in NLN’s journal.
- Report to appropriate NLN groups about the activities of the Think Tank.
- Nancy G:** Explore getting the summary of this meeting (or an edited version of it) published in AORN’s journal
- Juanita:** Develop a case study about her experiences advocating for the use of perioperative experiences to achieve a wide array of learning outcomes (e.g., the reactions of faculty to the idea, how faculty were helped to see the value of this approach, how curriculum revisions were made, how clinical agency staff were involved, etc.)

Chris: Explore the possibility of writing an article advocating for the use of diagnostic (e.g., diagnostic radiology) and interventional service areas as part of students' "perioperative experiences"

Mary: Explore certification opportunities in perioperative nursing for clinical specialists and advanced practice nurses

Twill: Explore whether sharing AORN's membership list with Think Tank participants (as requested by one individual) violates confidentiality assurances. (NOTE: One participant requested an AORN member list, including the location of those members who are master's-prepared clinical specialists. It was thought that these could be individuals schools might approach to help plan [and maybe even teach] perioperative learning experiences.

Send the completed Report of the Think Tank to our two underwriters, Alliance Medical Corporation and the Certification Board Perioperative Nursing, as well as to our facilitator.

All Participants: E-mail one another about colleague reactions to what we discussed, attempts at implementation at your school, programs you've learned about that are using perioperative clinical experiences in innovative ways, etc.

APPENDIX A

PARTICIPANTS IN THE AORN/NLN THINK TANK ON PERIOPERATIVE LEARNING EXPERIENCES IN THE NURSING CURRICULUM

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APPENDIX B

THINK TANK PARTICIPANTS' EXPECTATIONS FOR THIS MEETING

- ✓ Explore/Develop creative, synergistic practice/education models
- ✓ Explore how to tie certification to the outcomes of educational programs
- ✓ Construct a curriculum based on PNDS
- ✓ Engage in some creative thinking about how to bring perioperative experiences back into the curriculum
- ✓ Explore how to make our curricula more learner-centered
- ✓ Free ourselves of current ways of doing things
- ✓ Explore how to prepare/develop faculty in perioperative nursing
- ✓ Examine how to help faculty challenge their assumptions about perioperative nursing
- ✓ Discuss how NCLEX-RN pass rates and other issues impact on curriculum decisions
- ✓ Identify ways of convincing schools that principles of perioperative nursing can and should be in the curriculum
- ✓ Identify the unique essential knowledge and skills for perioperative nursing
- ✓ Examine how to promote different ways students can experience perioperative nursing
- ✓ Discuss how all “perioperative” areas, including interventional radiology and cath labs (which provide diagnostic and intervention services) can be used as learning experiences for students
- ✓ Discuss how we can help faculty appreciate the value in pursuing learning experiences that are principle-based, rather than content-driven
- ✓ Share innovations that are already occurring across the nation
- ✓ Explore ideas for programs to prepare advanced perioperative clinicians
- ✓ Discuss how to decrease resistance to change

APPENDIX C

INFLUENCING FACTORS

Technological Factors

- ✓ Technology is ubiquitous
- ✓ Internet and wireless technology
- ✓ Information systems, including the issues of maintaining security and privacy (HIPPA)
- ✓ “Virtual practice” ... the human/technology interface
- ✓ Telemedicine, including virtual surgery
- ✓ Robotics
- ✓ Escalation of new technology ... constant change
- ✓ High cost of trying to keep pace with constantly evolving technology
- ✓ Rapid transmission of information
- ✓ Need to evaluate the quality of information that is so readily accessible
- ✓ Data-based decision making
- ✓ Mechanical interventions
- ✓ Technology seen as a “tool”

Economic Factors or Market Forces

- ✓ Increased cost of education
- ✓ Reduced state support/funding for education
- ✓ Growth of for-profit universities
- ✓ Increased competition among hospitals (e.g., striving for magnet status and other means of distinction)
- ✓ Increased number and types of collaborative arrangements, mergers, and acquisitions
- ✓ Spiraling health care costs
- ✓ Shortages ... nurses, nursing faculty, and other health care workers
- ✓ Reduced corporate sponsorship of events
- ✓ Salaries increased for RNs, but wages not keeping pace for nursing faculty
- ✓ Greater discrepancies in salary
- ✓ Lack of 3rd party payers for nursing
- ✓ Increased entrepreneurial activity
- ✓ Move to community settings
- ✓ Outsourcing of services (e.g., diagnostics, treatments)
- ✓ Direct-to-consumer television and Internet advertisements, as well as television shows, that can work for or against nursing and that require everyone to be more “media savvy”

Societal Factors

- ✓ Increased consumerism
- ✓ Increased litigiousness
- ✓ Increased violence
- ✓ Heightened expectations for quality and accountability
- ✓ Multigenerational workforce
- ✓ Increasingly diverse population, including more immigrants, but with increasing marginalization of those from “non-American” cultures ... Greater ethnocentricity
- ✓ Increased mobility
- ✓ More pronounced “bi-modal” class structure, where the rich are extremely rich, the poor are extremely poor, there are increasing numbers of uninsured, and there is a shrinking middle class
- ✓ Increased number of elderly, including in the workforce
- ✓ Increased number of males in nursing
- ✓ Concerns about basic values ... who teaches them, how much do they guide people’s actions, etc.?
- ✓ Shifting boundaries between various professions
- ✓ Democratization of information
- ✓ “Disconnect” between expressed values and real behaviors

Legislative/Policy Factors

- ✓ Recent increased federal funding for nursing education
- ✓ Increased regulatory issues regarding education and practice, leading to greater scrutiny, questions about whether we are protecting the public or the professional’s practice, and calls to minimize ponderous processes
- ✓ Growing pressures for certification
- ✓ Globalization of licensure being proposed
- ✓ Talk of licensure “specialization”
- ✓ Licensure issues regarding practice differentiation
- ✓ Questions about re-licensure processes and requirements
- ✓ Need for greater education and career mobility challenging legislative/regulatory restrictions
- ✓ Staffing ratios
- ✓ Health care reform
- ✓ Demands to accommodate the needs of diverse groups

Biological Factors

- ✓ Bioterrorism
- ✓ Increased number and strains of communicable diseases (e.g., SARS, Avian flu)
- ✓ Genetics and cloning
- ✓ Increased ethical concerns about what we should be doing, given what we can do
- ✓ Longer, healthier life spans

- ✓ Increased chronicity
- ✓ Ability to alter genetic structures
- ✓ Increased focus on health promotion and disease prevention
- ✓ Increased concern for environmental factors (e.g., disposal of waste, leaching of toxins, etc.)
- ✓ Greater knowledge of cognitive/neurosciences that help us better understand how learning occurs and what influences learning
- ✓ Increased allergic and immune compromised problems
- ✓ Overall explosions in scientific developments

APPENDIX D

CURRICULUM ISSUES **RELATED TO GRADUATE NURSING EDUCATION**

- ✓ There is a lack of perioperative master's programs preparing clinical specialists and perioperative nurse practitioners
- ✓ The lack of specialized perioperative advance practice certification is a barrier to advanced practice program development
- ✓ The lack of specialized advance perioperative programs is a barrier to development of advanced perioperative practice certifications