**University of Colorado Hospital**

**OR Specific Preceptor Course-Facilitated Discussion Scenarios**

**Case Scenario #1**

**Focus:**

Evaluates preceptee current knowledge/skill level

Differentiates between effective and ineffective communication techniques

Identify teaching strategies and methods to promote critical thinking

Evaluates preceptee’s clinical performance

**Scenario:** Emergency situation/big case

**Preceptee:** Connor, 23 year old male

**Background:** New Surgical Tech graduate (<6 months from completion of program certification), new hire to unit

**Learning Style:** Visual

Connor is a new hire surgical tech who has recently completed his certification and is orientating to the general service. You meet with Connor to discuss the indications for the procedure, review the preference card and verify his goals for the case. Connor explains he lives by the “see-one, do-one, teach-one theory” and shares that he observed an exploratory laparotomy on his last shift, therefore he is ready to “do-one”. Connor verbalizes his confidence in his theory-knowledge base related to the table setup and rationale for case progression with instruments, retractors etc. As Connor is setting up, your circulator reviews the pre-procedure note as well as the surgical consent and discovers the plan for this case is more extensive than the originally scheduled case. The surgical consent includes pelvic lymph node dissection and staging.

You discuss with Connor how the acuity of this patient and the procedure has changed. You overhear Connor mumbling “it’s still just an ex-lap isn’t it?” and continues his setup without further questioning. You note his basic setup is incomplete and lacks supplies for the pelvic lymph node dissection and/or a vascular emergency. You encourage Connor to discuss emergency preparation during the procedure who responds “I read the surgeons preferences on the card and have everything it said so I am good to go”.

**What concerns, if any, do you have related to Connor’s expectations in the scrub role? How would you communicate these concerns to Connor?**

* Connor is not identifying how the scrub role requires adaptation. Connor needs to recognize that the additional procedures require supplementary planning, supplies and equipment to support varying possibilities including cavity depth and vascular emergency.
* Connor is not connecting how the acuity of the procedure changes with the pelvic lymph node dissection and staging because he is a novice learner. Connor has little to no situational perceptions therefore, educating Connor to indications for these additional procedures as the diagnostic step to confirm lymph node metastases may shape Connor’s understanding of the patient’s health status and reveal to Connor the need for the surgery.

* You know Connor’s learning style is visual therefore he requires visual information such as pictures or diagrams to process the new information related to the additional procedures. Showing Connor a picture of the pelvic cavity and surrounding vascular structures could help Connor visualize the anatomy and process the acuity of the additional procedures in a way that makes sense to him.

**Considering effective communication techniques, how can you clarify what is expected of Connor?**

* Asking Connor pertinent anatomical questions will facilitate Connor to utilize critical thinking related to the extra equipment and supplies needed in a deep cavity and/or in a vascular emergency. Asking Connor questions may also help the preceptor in clarifying and directing Connor’s thought process related to the additional procedures. Utilizing the restatement technique will also help ensure that Connor understands the acuity of the pelvic lymph node dissection and will encourage him to share any additional questions and/or concerns he has with the upcoming case.

*“Tell me about the location of the pelvic lymph nodes and the anatomy near that would be cause for concern?”*

 *“What are some things you can think of that might go wrong and what would you need to effectively intervene?”*

**What teaching methods would you use with Connor to develop his critical thinking related to the additional procedures?**

* Providing Connor with visual aides to support his visual learning needs will support Connor’s critical thinking. Allowing Connor to utilize a picture or diagram of pelvic anatomy and vasculature will help him actively see the important surrounding structures and how they will overlap in the area where the dissection will take place. Also utilizing principles of Adult Learning Theory helps you understand Connor is an Accommodator. With his visual learning style he excels by concrete experience and active experimentation. Supporting Connor with visual learning tools can help him excel at carrying out a plan for the additional procedures despite his inexperience in the scrub role.

**How would you evaluate Connor’s clinical performance to know if he has met the procedure competencies?**

* Utilizing the preceptee evaluation tool, the General Service’s iCat tool and prompting verbal feedback from the surgical team are primary tools for evaluating Connor’s performance. Encouraging Connor to utilize self-reflection would also support him meeting procedure competencies can be used as a secondary form of evaluation.

**Case Scenario #2**

**Focus:**

Evaluates preceptee current knowledge/skill level

Integrate preceptee as a professional member of the unit and/or health care team

Recognize the phase of novice-to-expert theory and support preceptee through phases of progression

Creates a supportive learning environment

Utilize evaluation tools appropriately to document preceptee’s performance

**Scenario:** Experienced nurse/over confident

**Preceptee:** Ava, 28 year old female Registered Nurse

**Background:** 2 years clinical experience in the Operating Room, prior degree in Biology, new hire to unit

**Learning Style:** Kinesthetic

At the beginning of your shift, you meet Ava in the Pod as she is gathering specimen supplies for your upcoming VATS case. This being your first interaction with Ava, she tells you she has prior OR experience and her orientation has been “fast-tracked” to get her into the staffing numbers. You ask Ava about her goals for the day and how you can support her during your shift together. Ava answers by saying “I’ve seen cases similar to this before, it should be an easy day for you!” As Ava continues to gather supplies and equipment you assess that she is timely and organized for the upcoming case.

**What other information would you want to know about Ava and her experience?**

* It would be important to find out where Ava worked prior to her joining the unit and where she currently is at in her orientation (week 1 versus week 12). It would also be beneficial to understand if she had a specialty service and/or what role she fulfilled at her past job. The preceptor could also ask Ava why she chose to work at UCH and what encourages her in her practice.

As the patient roles back into the OR, you note that Ava is not proactively interacting with the rest of the surgical team. Ava is slightly withdrawn and is waiting for prompts to complete tasks such as initiating the timeout. As the case begins, Ava struggles with efficiency and you frequently intervene to assist her by connecting the laparoscopic equipment, positioning monitors and opening additional supplies. Despite her “OR experience”, you note Ava’s slow progress in completing charting and lacking attentiveness to the field. Your scrub lets you know that they are about to start taking tissue and rattles off the Thoracic Microbiology specimens that will be taken. You ask Ava about dividing tasks in that specimens will be coming quickly and for both permanent and culture. Ava states her frustration with the EPIC charting system, stating “all the different tabs and required information with such specific names for specimens, it’s too overwhelming!!”

**From the information provided, what phase of reality shock might Ava be experiencing?**

* Ava is in the Shock Phase. Her performance is being affected by her frustration with the expectations of charting and she recognizes difficulty with the applying her previous experience in this type of case. Ava’s unfamiliarity with the procedure does not match the reality of “seen similar cases to this before

**How would you create a supportive environment to assist Ava through this transition to the CT service, specifically through the Roles of the Preceptor?**

* Creating a supportive environment for Ava would include utilizing the Educator role to discuss Ava’s expectations of the procedure and familiarity with equipment as well as the EPIC charting requirements. Acting as the Facilitator, the preceptor would proactively introduce Ava to the surgical team (I.E. surgeons, fellows, residents, PA’s/NP’s, Anesthesia) and intervene as need to resolve issues/conflict with Ava’s inexperience/frustrations. Also, in the role of the Protector, the preceptor would provide feedback consistent with the standards identified for service competence in the CT iCats, ensure complete and accurate charting to protect both the patient and the preceptee, and would support developing skills to successfully chart and obtain specimens safely.

**Using the preceptee evaluation tool, what would you document as Ava’s areas of strength and areas for improvement?**

* Utilizing the Evaluation of the Orientee in the Circulating Role tool, Ava’s strengths in the skill demonstration section would include her timeliness and organization in her case preparation. Ava requires improvement in the skill demonstration section to understand specific logistics, technology and pathology rationale related to specifically to a VATS procedure. Ava also requires improvement with charting competence and communication, prioritizing and active listening skills. Encouraging Ava to complete self-evaluation for goal achievement may also allow the preceptor to provide constructive feedback related to her practice improvement needs.

**What teaching strategies might you use to address Ava’s progress and her frustration with EPIC charting?**

* Understanding that Ava’s learning style is Kinesthetic (hands-on approach) it would be appropriate to teach Ava chart navigations and successful tips by coaching her rather than showing her. Displaying role model behavior and talking Ava through charting promotes hands-on charting skills and comprehension for Ava. Also, utilizing principles of communication by actively listening to Ava’s frustrations and encouraging her to review and restate the expectations identified in the CT iCat would also support Ava’s frustration with EPIC charting.

**Case Scenario #3**

**Focus:**

Distinguish between the roles of protector, educator, and facilitator

Differentiate between effective and ineffective communication techniques

Identify teaching strategies compatible with the preceptee learning style

Utilize evaluation tools appropriately to document preceptee’s performance

**Scenario:**  Orientee Emotional/Upset

**Preceptee:**  Jack, 40 year old male new employee

**Background:** new Registered Nurse graduate, 12 years’ experience as a CNA in a nursing home, new hire to unit

**Learning Style:** Read/Write

You meet with Jack at the beginning of your shift by the white boards, reviewing your cases for the day. Jack tells you he has yet to work a shift where he has done more than two cases in a day, which he says he enjoys in that at his old job he was always rushed to do someone else’s work. Reviewing your assignment, you are designated to the TACS room with four cases already scheduled. As you and Jack walk to your room to get set up for the first Laparoscopic Cholecystectomy with IOC, Jack tells you this role is a career change for him because he desired more recognition in his work. Jack explains that as a CNA he was always stressed and rarely thanked by others for his hard work in providing care and support. As you two review the preference card and begin setting up, you ask Jack what his goals are for the day and how to improve efficiency for the four scheduled cases assigned to the TACS room. Jack replies that he has no concerns for the day stating, “I’ve heard how this room works…it’s a bunch of waiting around for ED patients to get transferred up here plus we have all laparoscopic cases, trust me, I can handle it”.

**Can you identify any barriers that might affect Jack’s learning progress?**

* Jack’s perception of how the TACS room “works” does not support the efficiency that is required for a heavily scheduled day. Also, Jack’s recognition that he does not like to be rushed at work is an area of concern in that his attitude could affect his work ethic and dampen his learning experience.

**In considering the three roles of a preceptor, which role do you anticipate spending the most time in with Jack?**

* Jack requires the preceptor to act primarily in the Educator role. Jack’s inexperience with a high case load and unmotivated attitude suggests that the preceptor will need to actively teach, coach and evaluate Jack throughout the day. As the Educator the preceptor would continuously assess Jack’s learning needs and critical thinking skills to support organization and competence as well as encourage performance and provide feedback to support efficiency for the day.

**What concerns, if any, do you have related to Jack’s progress in orientation?**

* It is concerning that Jack has not experienced a shift where he has done more than two cases in a day. This is concerning because this means Jack has yet to build skills in turnover productivity and transitional care practices. Also, Jack’s perceptions of the purpose and utilization of the TACS room/service is concerning because he is naïve to the acuity of the patients and cases that are frequently seen in this service.

As your first case is starting to close, the surgeon decides that the second case will be open instead of laparoscopic and explains that the patient’s BMI is greater than 30 and that a Bariatric bed is required. While you take the patient to the PACU with Anesthesia, Jack verifies his charting and your morning break comes in to relieve you. Jack reports that the next patient just arrived in Pre-Op, so just help turn the room over. As you return to the room, your break tells you that Jack already left and gave report. You ask if a Bariatric bed had been found and if a Major tray and Bookwalter 1 & 2 had been called for. You break explains that Jack didn’t mention any of that in his report. You stay to help your break gather the necessary equipment and supplies because you know that four scheduled cases require efficient room turnover.

When Jack returns from break after 20 minutes, you question him about his handoff report and remind him about being timely. You also attempt to review competence in delegation when Jack suddenly becomes upset. He responds by screaming “it’s just like being a CNA, you talking down to me about delegation and don’t appreciate my help. You hounding over me about being timely, the patient just got to Pre-Op! Scheduling four cases in a day is too much, even for the surgeon to do. My shift ends at 1500 today, I won’t even be here for the fourth case anyway.” With that Jack storms out of the room and does not return for the rest of the shift.

**In considering Jack’s learning style, what strategies would you use to assist him in preparation for high case load shift?**

* Jack retains information best when it is down in written form, therefore encouraging Jack to write down needs or compose lists with items such as next case instructions would support Jack’s organization and productivity as well as establish successful handoff report. Also reassuring Jack to review the preference card would support his understanding and competence in the TACS room/service.

**Using effective communication, how would you respond to Jack’s remarks about “scheduling four cases in a day is too much”?**

* Questions are a key part of communication. Asking pertinent questions aids the preceptor in clarifying the preceptee's thinking. Clarification of Jack’s concerns would help the preceptor to understand his issues with the busy case load. Prompting questions that would help Jack identify his specific concerns can facilitate the preceptor in successfully supporting and educating Jack. Jack requires the preceptor to provide formative feedback about his concerns. Jack needs specific insight to the TACS service in order to improve his performance, preparation and practice.

*- “What is the most important concern you have right now related to our schedule?”*

*- “Can you clarify what you mean when you say ‘it’s too much’?”*

Once the preceptor has both heard and addressed Jack concerns, utilizing restatement is a successful way to ensure that the preceptee understands the message and effective communication has taken place.

**Who else, if anyone, would you involve to address identified issues?**

* Concerns with any new hire/orientee need to be addressed primarily with the Clinical Educator (Kaci Meddings). Concerns with any new hire/orientee not returning to their assigned room or leaving a case/patient needs to be addressed immediately with the Unit Nurse Manager (Suzanne Sortman) and/or Unit Assist Nurse Manager (Shauna Sutton) as well as the Charge Nurse. Feedback for concerns within a specific service could also be provided to the Service Specialist.

**Case Scenario #4**

**Focus:**

Distinguish between the roles of protector, educator, and facilitator

Identify appropriate use of evaluation tools to appraise and document performance

Differentiate between effective and ineffective communication techniques.

Identify teaching strategies to promote critical thinking

**Scenario:** Incorrect Count

**Preceptee:**  Nikki, 33 year old female

**Background:** Surgical Tech with 18 months clinical experience, previous EMT experience (3 years) new hire to unit

**Learning Style:**  Auditory

Reviewing 1500 assignments, you see that you are assigned to relieve a surgical tech scrubbing an emergency craniotomy for hematoma evacuation. When you get to the room you see the scrub you are to relieve is sitting in a stool near the computer while Nikki, a new Surgical Tech who is near the end of her orientation is at the field. The scrub explains that Nikki is on her “catch-up week” and has been scrubbing Neuro all day to prepare for coming off orientation. Nikki also chimes in by saying “I’m good if you just want to watch, you don’t really need to scrub in. Plus, it’s too crowded have two of us on this overhead table”.

**What concerns, if any do you have related to Nikki’s perceptions with the preceptee-preceptor relationship?**

* Nikki does not understand the preceptee-preceptor relationship to be a professional relationship where the preceptor is continuously responsible for the role and is also accountable for the preceptee. This is concerning in that it does not allow Nikki to fulfill her role in the relationship effectively if she does not value the preceptor’s role.

You have precepted Nikki in the past and are aware that Nikki applies her knowledge, acquired from prior job experience to the new situations and procedures she has been scrubbing at UCH. You also note that Nikki is very social and easily builds positive rapport with the surgical team. However, Nikki tends to get caught up in socializing which frequently results in her leaving her table unorganized.

Despite Nikki’s suggestion, you scrub in and explain to her that you are confident in her to scrub this case independently, but it is your responsibility to the patient to be scrubbed in at all times. Nikki does not object and continues her conversation with the Neuro resident. The attending surgeon interrupts the conversation to let Anesthesia know that they will be closing in the next five minutes. Nikki utilizes this cue to start organizing her table while the circulator simultaneously initiates a closing count. Nikki asks if you can help the surgeons close while she continues to organize her table so she can count. You are reluctant to do this considering Nikki is coming off orientation soon, so you delegate to Nikki that she needs to be capable of performing both tasks. You sense Nikki’s frustration with the count in that she is frequently asking you what is on the field and is continuously searching for items on her messy table. Nikki is relieved when the count is done, yet you notice the circulator looking on the floor and starting to sort through the trash. You ask the circulator what he is looking for. The circulator replies that we are missing one 1/2x1/2 cottonoid patty. You ask Nikki if she had relayed this to the surgical team. Nikki replies by saying “I haven’t told them yet because we didn’t really use them so I’m sure its somewhere on my table”. Your circulator then announces that we need to stop closing to search for the cottonoid patty. The attending rolls his eyes and tells Nikki to keep passing the suture. Nikki continues to keep handing off suture and tells the circulator “I’ll try and find it for you in a minute, but I’m helping these guys close first okay?”

**How can you identify Nikki’s remaining learning needs?**

* Through direct observation, the preceptor can assess that Nikki still requires support learning organization, prioritization and appropriate socialization skills. Nikki needs timely feedback from the preceptor acknowledging her practice faults and support bridging skills and developing critical thinking in her practice. Through active listening the preceptor can hear Nikki’s frustration with her disorganization. The preceptor may share stories of their own challenges, mistakes, and learning experiences as well as tips to support Nikki’s development of organizational skills and prioritization. Understanding that Nikki has a Promoter/Socializer communication style may help the preceptor understand Nikki’s approach to her practice and provide teaching that compliments a socializing communication style (i.e. “talking it out”). The preceptor may also recognize that Nikki needs to build confidence in her advocacy by addressing the incorrect count in a timely manner.

**Besides direct observation, what other methods would you utilize to evaluate Nikki’s performance and competence?**

* The preceptor could prompt direct feedback from the surgical team in order to evaluate Nikki’s performance and competence. The preceptor would then present this feedback (both positive and negative) to Nikki at another time (i.e post-procedure) and in a private place. The preceptor should also encourage Nikki to complete a self-evaluation/reflection in order to identify any remaining learning needs and support.

**What teaching strategies might you use to support and encourage Nikki’s overhead table organization?**

* Teaching strategies that may support Nikki’s organization would include utilizing effective communication techniques to fully understand Nikki’s rationale behind her setup of her frustrations with how her table becomes unorganized. Considering her learning style, Nikki would benefit through verbal instructions on setup or organizational tips. Nikki should also be made aware of the Neuro Resource book that contains pictures of a standard Craniotomy setup which in turn will support her preparation and organization throughout the case.

**Considering effective communication techniques, how can you help Nikki communicate incorrect count significance to the rest of the surgical team?**

* Encouraging Nikki to take the responsibility to identify the appropriate time to initiate a count with the circulator may support a timely methodical wound examination and prompt the surgical team to return countable objects and instruments to the table, reducing the risk for a retained item. The preceptor may also remind Nikki that utilizing active listening skills and restatement technique can also discourage the opportunity for counting errors.
* In the case of an incorrect count, the preceptor should remind the preceptee of their accountability and responsibility to keep the patient safe, therefore NO DELAY should occur in communicating the missing item(s) to the entire surgical team. If resistance to complete to support the search occurs, the preceptee should know to contact either the Charge RN or Unit Manager/Unit Associate Manager immediately.