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

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

At rst, 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 o cers 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 identi ed 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-sta ed for three days a week for 12 weeks. To alleviate this, we worked with a sta ng 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. e 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-o calls, we addressed the importance of their engagement and set the expectations for engagement early.

What results have you seen?

e program has included 11 completed cohorts and graduated more than 80 nurses. e virtual program has allowed us to reach a broader population of nurses in a timely and cost-e ective 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 rst 18 months in their leadership position. We also have included leader-speci c training as part of this program. e ongoing plan is to have at least two clinical leader programs annually.

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

If sta ng is short, the student often gets pulled back into the sta ng mix and does not participate in class

behind. erefore, it was essential for us to prioritize scheduling and address sta ng challenges in advance of the program. is includes considering the e ect of seasonal sta ng 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 e ort in selecting preceptors by working with each program an[illegible]

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