Wellington Operating Theatre

Student Nurses
The Operating Theatre

The Operating Theatre Service provides tertiary level surgery, performing over 19,000 surgical procedures during a year to the people living in the greater Wellington region (approximately 15,000 patients). The catchment areas for the Wellington region tertiary services generally include up to the Hawkes Bay (Napier and Hastings), across to Taupo and New Plymouth, and as far south as Nelson and Golden Bay, and the West Coast of the South Island (although patients may get referred to other centres). C&C DHB is also a tertiary trauma centre servicing the above mentioned areas.

Specialties within the Operating Theatre Service include: Orthopaedics, Neurosurgery, Ophthalmology, Peripheral Vascular, Renal, Urology, General, Otorhinolaryngology, Gynaecology, Obstetrics, Paediatrics, Cardiothoracic, Oncology, Haematology and Endoscopy.

Operating Theatre Services are situated on level 3 of the Wellington Regional Hospital.
On your first day, please report to the Surgical Admissions (SA) reception which is on level three at 0800.
Bring a padlock with you.

**Attire**
You are not required to wear your student nurse uniform during your placement. You will change into theatre scrubs instead.
Hats and overshoes are supplied

You must wear your student ID at all times while in the department.

Please remove all jewellery, watches, false nails and nail polish.
Theatre Nursing at Wellington Hospital

At Capital and Coast District Health Board there are three nurses per theatre, each of these nurses will have a different role to play during a surgical procedure.

The roles are explained below.

**Anaesthetic Nurse**

The Anaesthetic Nurse ensures the patient is safe for surgery by completing a pre operative checklist. This nurse uses their assessment skills to plan care for the patient, ensures that information is passed onto other team members and supports the patient and family members.

Has knowledge of the types and effects of anaesthesia, the pharmacokinetics of drugs and equipment used is necessary to assist the Anaesthetist and Anaesthetic Technician.

This nurse will safely position the patient on the operating table. The majority of ACC claims relating to surgery are for damage to nerves, with subsequent paralysis and paresthesia which can occur during long periods of immobility.

**Circulating Nurse**

This role involves co-ordinating the patient and their operation, providing required items (sterile instruments, equipment) and communicating with other health care team members.

The intra-operative documentation is usually completed by the circulator. As in any area of nursing practice, the documentation process is very important for legal and professional reasons.

The Circulating and Scrub Nurses perform a count before the case begins and as closure of the wound commences. This is to ensure items used during the surgery are not left inside a patient. The circulating nurse also anticipates the needs of the Scrub nurse and the Surgeon this ensures that any risk to patient safety is managed effectively.

The Circulating nurse can also address issues of Privacy and Infection Control by monitoring the number of personnel in the operating room.

**Scrub Nurse**

The Scrub Nurse must know the procedure to be performed as well as the anatomy of the operative site and surrounding areas. The scrub nurse also responds quickly if excessive bleeding occurs. The scrub nurse will have knowledge of and checks that all of the required instruments and equipment are available. The scrub nurse will also develop knowledge and skills so that
they can anticipate the surgeon's needs, especially if the nature of the operation changes. The scrub nurse must monitor the sterile field to ensure that sterility is maintained at all times.
Welcome!!
We are looking forward to working with you

Contacts

Prior to your placement ring or email Fiona or Raewyn. Don’t ring Fiona on Wednesday’s or Friday’s.

<table>
<thead>
<tr>
<th>Operating Theatre</th>
<th>Main contact</th>
<th>Email for main contact</th>
<th>Phone number for ward/Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse Educator</td>
<td>Fiona Day-Paku</td>
<td><a href="mailto:Fiona.day-paku@ccdhb.org.nz">Fiona.day-paku@ccdhb.org.nz</a></td>
<td>Cellphone 0272677541</td>
</tr>
<tr>
<td>Theatre Receptionist</td>
<td>Raewyn Pohatu</td>
<td><a href="mailto:Raewyn.pohatu@ccdhb.org.nz">Raewyn.pohatu@ccdhb.org.nz</a></td>
<td>DD 8060579</td>
</tr>
</tbody>
</table>

If you are sick and cannot come to work while on a placement: Text a message to Fiona on 0272677541

Your Preceptor

You will be allocated a preceptor for each shift. Due to shift work or the complexity of certain cases working with the same preceptor during your placement may not be possible. The advantage of working with other Nurses is that you will be exposed to different teaching methods and experiences. It is your responsibility to ensure that the Nurse you are working with is aware of your objectives for the day/week. You must provide evaluations and/or other paperwork to the preceptor you have spent the most time with in a timely fashion (i.e. not on the due date!!). The preceptor will not complete any evaluations if you give it to them on your last days in the unit.

If you have any concerns or questions do not hesitate to contact Fiona.
Expectations of the Student Nurse while in the operating Theatre

I will aim to ensure your roster is available prior to you starting your placement. I would like to know if you have any roster requests; send me an email explaining what you need.

Below are the shift times that we use in theatre.

- 0700-1530
- 0730-1600
- 0745-1615
- 1200-2030
- 1230-2300
- 1330-2200
- 1430-2300
- 2245-0715 or 2200-0630
- 0930-1800

- It is expected that you arrive on time for your shift and if you are going to be late or you are unwell and can not come to work contact Fiona.

- You must complete the full shift that you are allocated to work – if you are unable to do so please discuss this with your nurse, preceptor or nurse educator. A lot of learning occurs at quiet times in the department!

- It is important that the Nurse you are working with is aware of your objectives.

- Please ensure all documentation you need to complete for the polytechnic/university is accomplished before the last days in the unit.

- Be enthusiastic, motivated and willing to learn.

- Return your swipe card to Fiona at the end of the placement.

- Communicate with your preceptor or ACNM at the beginning of the day if you need to leave the theatre to meet your lecturer or have an appointment.
Safety Measures in the operating theatre

In the event of a category one emergency occurring you can help to set up the theatre and then follow instructions from the RN.

Please be familiar with the emergency equipment available in the department:

- Emergency call bells
- Defibrillator
- Emergency clamps
- Suction
- Malignant hyperthermia box

Be aware of the location of the various emergency surgical trolleys:

- AAA cart
- Tracheostomy trolleys
- Caesarian section cart and Infant Resuscitaire
- Emergency instrument Cart
- Ice machines
- Post tonsillectomy bleed box
- Acute Neuro Cart

If the fire alarm sounds follow the instructions of the RN
## Treasure Hunt

<table>
<thead>
<tr>
<th>Area</th>
<th>Tick when you know where the area is</th>
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</thead>
<tbody>
<tr>
<td>Inventory store</td>
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<tr>
<td>Pharmacy store</td>
<td>☐</td>
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<tr>
<td>Patient Reception</td>
<td>☐</td>
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<tr>
<td>OR control room</td>
<td>☐</td>
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<tr>
<td>Operating rooms</td>
<td>☐</td>
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<tr>
<td>Clean up room</td>
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<tr>
<td>Sterile stock rooms</td>
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<tr>
<td>PACU</td>
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<tr>
<td>Surgical Admissions</td>
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<tr>
<td>North and South Anaesthetic Bays</td>
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<tr>
<td>Sterile Services</td>
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<tr>
<td>Equipment Room</td>
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<tr>
<td>Change Room</td>
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<tr>
<td>Tea Room</td>
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Objectives

The student will demonstrate knowledge of aseptic technique.

The student will demonstrate knowledge of how to use a preoperative checklist.

The student will perform a patient assessment and then plan care.

The student will be able to scrub for cases.

The student will be able to circulate for cases.

The student will be able to insert a female urinary catheter.

The student will be able to set up a theatre for a case.

The student will have knowledge of the WHO surgical safety checks and be able to sign in and call a time out.

The student will develop knowledge of surgical instrumentation.

The student will be able to work within a team environment.

The student will develop knowledge of how to position a patient on the operating table.
Quizz

How long should a patient be Nil by Mouth for?

Why is it important to complete a preoperative checklist?

What is aseptic technique?

How would you plan care for a patient coming to theatre?

What attire is available in a hospital to protect you from blood/body fluid?

How do you prevent a patient from developing a pressure area?

What techniques can you think of to keep a patient warm preoperatively?

What are two objectives you want to achieve during your first week?
This evaluation is intended to offer feedback to the preceptor and their clinical area.

<table>
<thead>
<tr>
<th>Clinical Learning</th>
<th>1 Strongly Agree</th>
<th>2 Agree</th>
<th>3 Neither agree or disagree</th>
<th>4 Disagree</th>
<th>5 Strongly disagree</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>The staff were welcoming and learned to know the students by their personal name.</td>
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<td>The staff were easy to approach and generally interested in student supervision.</td>
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<td>A preceptor(s) was identified/introduced to me on arrival to area.</td>
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<td>One preceptor had an overview of my experience and completed my assessment.</td>
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<td>An orientation to the clinical area was provided.</td>
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<td>My learning objectives were achieved.</td>
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<td>I felt integrated into the nursing team.</td>
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<td>I formally met with the “named preceptor” at least fortnightly.</td>
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<td>There were sufficient meaningful learning situations in the clinical placement.</td>
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| How was the Preceptor?                                                          |                  |         |                             |            |                     |          |
| The preceptor assessed and acknowledged my previous skills and knowledge.       |                  |         |                             |            |                     |          |
| The preceptor discussed my prepared learning objectives.                        |                  |         |                             |            |                     |          |
| The preceptor assisted with planning learning activities.                       |                  |         |                             |            |                     |          |
| The preceptor supported me by observing and supervising my clinical practice.   |                  |         |                             |            |                     |          |
| The preceptor was a good role model for safe and competent clinical practice.   |                  |         |                             |            |                     |          |
| I felt comfortable asking my preceptor questions.                               |                  |         |                             |            |                     |          |
The preceptor provided me with regular constructive feedback on my practice.

Additional comments:

Please return this form to Charge Nurse Manager or Clinical Nurse Educator.