



## CONTINUING NURSING STUDIES

Post Basic Program in Perioperative Nursing  
for Registered Nurses

Registration Information

**April 2008**

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The Post Basic Program in Perioperative Nursing was developed as a distance learning program in 2005 by Continuing Nursing Studies at the Centre for Nursing Studies.

This self-paced, distance learning program of instruction is designed to enable registered nurses to acquire the necessary knowledge and practice expertise to care for clients in perioperative settings.

The program consists of a theoretical component, a lab component, and a six to eight week preceptored clinical experience (depending on prior perioperative experience) in a perioperative setting. Learners have one year to complete the program and will be accommodated in their own geographic region as much as possible.

### ***Advantages***

- ◆ This program is independent and self-directed, allowing learners to proceed at their own pace.
- ◆ Individual faculty support is readily available by telephone or email to deal with difficult concepts or to discuss study habits, time management, etc.
- ◆ Peer support is encouraged and arranged by the program facilitator.
- ◆ Learners can complete most of the program without having to leave their home community. (exception for laboratory and clinical experience)
- ◆ Learners can study at any time that is convenient allowing them to continue other professional and personal roles.
- ◆ Additional learning materials are readily available upon request through the Centre for Nursing Studies.
- ◆ Clinical preceptors are highly qualified professionals in perioperative settings who work one-on-one with the learner.
- ◆ Learners will be awarded a certificate upon achievement of program outcome that potentially could be utilized towards national certification.

### ***Program Requirements***

The Post Basic Program in Perioperative Nursing for registered nurses is a self-directed modularized learning process consisting of three required pre-requisite modules, five modules of Perioperative Nursing theory and a General Surgery module. Learners must successfully meet the evaluation requirements for the prerequisite modules prior to proceeding to the five perioperative modules and the general surgery module.

## ***Learning Materials and Resources***

These materials include:

- ◆ a set of study modules
- ◆ required textbooks
- ◆ required journal articles/required readings
- ◆ access to other learning materials, e.g., texts, articles, pamphlets, and audio-visual materials
- ◆ information and grading schemes for assignments

**The self-instructional modules all attempt to provide the following guidance:**

- ◆ specific learning objectives
- ◆ directed reading in accompanying textbooks
- ◆ extra information not provided in textbooks
- ◆ learning activities related to objectives
- ◆ a comprehension check at the end of each module to allow the learner to evaluate his/her readiness for the supervised examination.
- ◆ answers to the comprehension check.

## ***Nursing Theory Modules***

<b>PREREQUISITE MODULES</b>	<b>Content</b>	<b>Estimated Time for Completion of Modules</b>	<b>Evaluation</b>
<b>Anatomy and Physiology</b>	Based on all body systems.	-	Assigned activities based on identified needs.
<b>Health Assessment (Bridging) Module</b>	Based on self assessment of learning needs of health history and physical examination of all body systems.	-	Lab testing based on identified needs
<b>Health Promotion, Teaching/Learning</b>	Concept of Health Health Promotion Teaching Learning Interviewing-Counseling	70 hours	1 Exam

<b>Perioperative Nursing Care Modules</b>	<b>Content</b>	<b>Estimated Time for Completion of Modules</b>	<b>Evaluation</b>
<b>Module One - Professional Issues in Perioperative Nursing Practice</b>	<ul style="list-style-type: none"> <li>• History of Perioperative Nursing</li> <li>• Philosophy and Standards of Perioperative Nursing</li> <li>• The Perioperative Team</li> <li>• Roles of the Perioperative Nurse</li> <li>• Legal and Ethical Issues Specific to Perioperative Nursing</li> <li>• Management of Urgent/Emergency Situations</li> </ul>	70 hours	1 Exam
<b>Module Two- Asepsis and the Perioperative Environment</b>	<ul style="list-style-type: none"> <li>• Infection Control and the Operating Room Environment</li> <li>• Aseptic Technique</li> <li>• Sterilization and Disinfection</li> <li>• Surgical Attire</li> <li>• Draping</li> </ul>	90 hours	1 Exam
<b>Module Three- Perioperative Care 1</b>	<ul style="list-style-type: none"> <li>• Physical Facilities and Equipment</li> <li>• Instrumentation</li> <li>• Hemostasis</li> <li>• Sutures &amp; Needles</li> <li>• Surgical Count</li> </ul>	90 hours	1 Exam

Perioperative Nursing Care Modules	Content	Estimated Time for Completion of Modules	Evaluation
<b>Module Four - Perioperative Care 11</b>	<ul style="list-style-type: none"> <li>• Perioperative Assessment</li> <li>• Anesthesia</li> <li>• Surgical Positioning</li> <li>• Surgical Skin Preparation</li> <li>• Wound Management</li> <li>• Specimen Care and Handling</li> <li>• Medication Handling</li> </ul>	100 hours	1 Exam
<b>Module Five - Perioperative Care 111</b>	<ul style="list-style-type: none"> <li>• Latex Allergy</li> <li>• Post-Operative Care and Discharge Planning</li> <li>• Minimally Invasive Surgery</li> <li>• Ambulatory Surgery</li> <li>• Special Considerations               <ul style="list-style-type: none"> <li>○ the pediatric patient</li> <li>○ the geriatric patient</li> <li>○ the pregnant patient for non-obstetrical surgery</li> <li>○ trauma/emergency surgery</li> </ul> </li> </ul>	100 hours	1 Exam
<b>General Surgery</b>	<ul style="list-style-type: none"> <li>• Breast Surgery</li> <li>• Hernia Repair</li> <li>• Surgery of the Liver, Biliary Tract, Pancreas, and Spleen</li> <li>• Gastrointestinal Surgery</li> <li>• Thyroid and Parathyroid Surgery</li> </ul>	70 hours	1 exam

## ***Evaluation***

### ***Theory Component***

Learners who live in the St. John's area are expected to write examinations at the Centre for Nursing Studies. Learners who live outside the St. John's area will be assigned an invigilator who will administer the examinations at a time and place that is mutually acceptable to the invigilator and learner. All examinations are corrected by the program facilitator at the Centre and individual learner feedback is provided.

The pass mark for each multiple choice module examination is 70%. If learners are unsuccessful in achieving a passing grade initially, two supplementary examinations are permitted in the program. If a 70% is not achieved in the supplementary examination/s, the learner will be required to withdraw from the program. Health Assessment and Anatomy and Physiology theory requirements are based on the learner's individual learning needs identified through completion of self-assessment tools. Appropriate learning activities will be provided based on identified needs. The prerequisite module on Health Promotion/Teaching and Learning is evaluated by a multiple-choice examination.

### ***Laboratory Component***

The lab component is comprised of competencies routinely performed in the perioperative setting.

### ***Clinical Component***

In collaboration with the clinical educator or nurse manager, the program facilitator selects a suitable nurse to act as preceptor. The learner works with this qualified preceptor on a one-to-one basis. Together, the preceptor and learner plan appropriate clinical assignments and nursing interventions. The learner's progress toward meeting objectives is closely monitored. Clinical evaluation is discussed both with the learner and the program facilitator prior to becoming part of the learner's permanent record.

In the perioperative setting, learners must achieve a passing grade in all components of the clinical evaluation which is based on specific objectives aimed at nursing care of the perioperative client in a perioperative setting. Learners who have extensive perioperative experience will be required to complete and achieve a passing grade in a written report/presentation of a project or health promotion activity relative to the perioperative client, staff aggregate, or setting. Learning experiences will vary depending on prior learning assessment and the individual needs of the learner.

### ***Program Evaluation***

Evaluation is ongoing throughout the theoretical and clinical components of the program. Both learners and preceptors are asked to provide ongoing feedback on the perioperative nursing program through designated program evaluation forms located at the end of each module, included with preceptorship materials and at the end of the program. Learner feedback is valuable to making ongoing changes and improvements in program design and content.

**REGISTRATION PACKAGE**

**FOR**

**POST BASIC PROGRAM IN PERIOPERATIVE NURSING**

**CONTENTS**

- Admission Criteria
- Fee Structure
- Registration Checklist
- Registration Form
- Reference Forms

**REGISTRATION DEADLINE:**

**PROGRAM DATES:**

## ENTRANCE REQUIREMENTS

- Current registration in the province of Newfoundland and Labrador
  
- Certification in Basic Life Support within the past year
  
- Two references:   One from a professional colleague  
                          One from current manager or designate
  
- Preference will be given to applicants who have actively practiced nursing in an acute care setting for the equivalent of 12 full months during the past 3 years.

**Note: Limited enrollment**

### **PRIOR LEARNING ASSESSMENT RECOGNITION**

Those learners who feel they may be able to receive credit for prior learning should contact Continuing Nursing Studies. Learners will be assessed to determine relevant prior learning. A fee for credit will be determined based on the amount of the program able to be challenged.

## FEE STRUCTURE

### Fixed Costs:

➤	Tuition	\	
➤	Program Materials	\	\$1500.00
➤	Textbooks	/	

**Please Note:** Fees are subject to change.

Full tuition payment is required prior to commencement of the program.

Learners may withdraw from the program at any time. A tuition refund is provided within 30 days from the start date (100% refund minus a 10% administration fee and the cost of program materials). No fees will be reimbursed after this 30-day period.

### Associated Costs:

**Travel:** Costs may be incurred as a result of travel for attendance at lab sessions and clinical practicum.

## REGISTRATION CHECKLIST

The following completed documents must be submitted by the deadline date:

- Registration Form
  
- Reference forms (2):
  - Professional colleague
  - Manager or manager's designate
  
- Photocopies of:
  - Current ARNNL registration
  - Current BCLS certificate
  - Transcript or Certificate for Health Assessment Course
  - Transcript or Certificate for Health Promotion Course
  - Transcript or Certificate for Anatomy & Physiology

Please return completed registration form to:

Marion Browne  
Centre for Nursing Studies  
Southcott Hall  
100 Forest Rd.  
St. John's, NL A1A 1E5

Phone: 777-8162; Fax 777-7324  
E-Mail: [mbrowne@cns.nf.ca](mailto:mbrowne@cns.nf.ca)

**CENTRE FOR NURSING STUDIES  
CONTINUING NURSING STUDIES**

**POST BASIC PROGRAM IN PERIOPERATIVE NURSING  
FOR REGISTERED NURSES**

**REGISTRATION FORM**

**SECTION I**

ARNNL Registration No. \_\_\_\_\_

First Name	Middle Name	Last Name	Maiden Name
Street Address	City/Town	Province	Postal Code
Phone (Home)	Phone (Business)	Phone (Cell)	Fax Number
E-Mail Address (Compulsory)	Emergency Contact Person	Telephone	
CPR certification date	CPR expiry date	ACLS certification date	ACLS expiry date
Desired Date to Commence Program/Course		Number of years since last practicing as RN	

**SECTION II: PAYMENT**

**II a.** Cheque [  ] Cash [  ] Credit Card [  ] Debit [  ] \* Sponsor [  ]

**Amount Paid:** \_\_\_\_\_

Cheque or money order should be made payable to the Centre for Nursing Studies.

Master Card / VISA Cardholder's Name: \_\_\_\_\_

Master Card/Visa # \_\_\_\_\_ Expiry Date: \_\_\_\_\_

**IIb. \* Sponsored students must complete the following information .**

Sponsoring Agency:	Contact Person:
Address:	
Phone No.	Fax No.
	E-Mail:

The CNS acknowledges and respects privacy of individuals. The personal information included on this form is collected under the authority of Sections 32 and 33 of the *Access to Information and Protection of Privacy Act* and will be used for processing your application and for the administration of student records. Direct any questions about this collection to: Privacy Officer, Eastern Health, Quality and Risk Management, 12<sup>th</sup> Floor, Southcott Hall, 777-8025.

**SECTION III: POST SECONDARY EDUCATION** (University, Technical, Vocational, Nursing, Workshops, In-Services, First Aid, CPR, Etc.)

Institution	Location	Program Of Study	Certificate / Diploma	Year/s Attended

**SECTION IV: REFERENCES:** Please print the names, full addresses, and telephone numbers of two individuals providing your references.

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Address: \_\_\_\_\_

**SECTION V: EMPLOYMENT HISTORY** (beginning with most recent):

Current Employing Health Board: \_\_\_\_\_ Current Work Site: \_\_\_\_\_  
 Immediate Supervisor/Manager: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Other Employment in Nursing: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**COPY OF ACTIVE RN LICENSE IS REQUIRED.**

I hereby verify that the information given on this Registration Form is correct. I agree to be governed by the policies, rules, and regulations as set forth by the Centre for Nursing Studies.

Permission is granted to The Centre for Nursing Studies to: i) contact previous employers and/or educational institutions to obtain personal references, to verify educational background, and/or to provide the clinical preceptor with this information  
 ii) provide verification of successful course completion to the licensing body and/or sponsoring agency.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Learner

**Centre for Nursing Studies - Continuing Nursing Studies**  
**Southcott Hall, 100 Forest Rd., St. John's, NL A1A 1E5**  
**Telephone (709) 777-8162; Fax (709) 777-7324**

**APPLICANT REFERENCE FORM #1**

Name of Applicant: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

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Name of Person Providing Reference: \_\_\_\_\_

Address of Referee: \_\_\_\_\_

In what context do you know this applicant? \_\_\_\_\_

Do you feel that you know the applicant well enough to be comfortable in supplying this reference? \_\_\_\_\_

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**Please rate the applicant's performance in the following categories:**

	<b>Outstanding</b>	<b>Strong</b>	<b>Satisfactory</b>	<b>Unsatisfactory</b>
Overall Job/Academic Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Clinical Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Theoretical Knowledge & Application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude Toward Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Courtesy and Tact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acceptance of Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication Skills – Oral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Written	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizational Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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**APPLICANT REFERENCE FORM #2**

Name of Applicant: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

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Name of Person Providing Reference: \_\_\_\_\_

Address of Referee: \_\_\_\_\_

In what context do you know this applicant? \_\_\_\_\_

Do you feel that you know the applicant well enough to be comfortable in supplying this reference? \_\_\_\_\_

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**Please rate the applicant's performance in the following categories:**

	<b>Outstanding</b>	<b>Strong</b>	<b>Satisfactory</b>	<b>Unsatisfactory</b>
Overall Job/Academic Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Clinical Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Theoretical Knowledge & Application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude Towards Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Courtesy and Tact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acceptance of Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication Skills – Oral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Written	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizational Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



