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Experience report

# Experiences of supervised practical nursing classes in the perioperative context: an experience report

Vivências de aulas práticas supervisionadas de enfermagem no contexto perioperatório: relato de experiência

*Experiencias de clases prácticas supervisadas de enfermería en el contexto perioperatorio: relato de experiencia*

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## Abstract

**Objective:** to report experiences of supervised practical classes in the perioperative nursing discipline of the undergraduate nursing course. **Method:** an experience report, developed in supervised practical classes for 3rd year nursing students, held in November and December 2023, in a philanthropic health hospital institution in southern Brazil. **Results:** during the supervised practical classes, surgeries of various specialties were monitored, mostly in adults, which made it possible to understand the structural organization; surgical center human and material resources; the perioperative work process; the relevance of action based on care protocols for quality and safe care; and execution of actions at the anesthetic-surgical moment. **Conclusion:** the experiences of supervised practical classes in perioperative nursing are powerful tools for bringing theory and practice closer together, favoring the expansion and redirection of students' technical-scientific and communication skills and competencies.

**Descriptors:** Perioperative Care; Nursing; Surgicenters; Operating Room Nursing; Education, Nursing

## Resumo

**Objetivo:** relatar as vivências de aulas práticas supervisionadas da disciplina de enfermagem perioperatória da graduação em enfermagem. **Método:** relato de experiência, desenvolvido nas aulas práticas supervisionadas de discentes do 3º ano da graduação em enfermagem, realizadas nos meses de novembro e dezembro de 2023, em uma instituição hospitalar filantrópica de saúde da região sul do Brasil. **Resultados:** durante as aulas práticas supervisionadas foram acompanhadas cirurgias de diversas especialidades, majoritariamente em adultos, o que possibilitou apreender a organização estrutural; recursos humanos e materiais do centro cirúrgico; o processo de trabalho perioperatório; a relevância de atuação fundamentada em protocolos assistenciais para o cuidado de qualidade e seguro; e, execução de ações no

momento anestésico-cirúrgico. **Conclusão:** as vivências de aulas práticas supervisionadas em enfermagem perioperatória são ferramentas potentes para aproximação teoria-prática, favorecem a ampliação e redirecionamento de habilidades e competências técnico-científicas e de comunicação do discente.
**Descritores:** Assistência Perioperatória; Enfermagem; Centros Cirúrgicos; Enfermagem de Centro Cirúrgico; Ensino de Enfermagem

## Resumen

**Objetivo:** relatar las experiencias de clases prácticas supervisadas en la disciplina de enfermería perioperatoria de la carrera de enfermería. **Método:** relato de experiencia, desarrollado en clases prácticas supervisadas para estudiantes del 3er año de la carrera de enfermería, realizadas en noviembre y diciembre de 2023, en una institución hospitalaria de salud filantrópica de la región sur de Brasil. **Resultados:** durante las clases prácticas supervisadas se monitorearon cirugías de diferentes especialidades, mayoritariamente en adultos, lo que permitió comprender la organización estructural; recursos humanos y materiales del centro quirúrgico; el proceso de trabajo perioperatorio; la relevancia de la actuación basada en protocolos asistenciales para una atención de calidad y segura; y, ejecución de acciones durante el momento anestésico-quirúrgico. **Conclusión:** las experiencias de clases prácticas supervisadas en enfermería perioperatoria son poderosas herramientas para acercar teoría-práctica, favoreciendo la ampliación y reorientación de las habilidades y competencias técnico-científicas y comunicativas del estudiante.
**Descriptores**: Atención Perioperativa; Enfermería; Centros Quirúrgicos; Enfermería de Quirófano; Educación en Enfermería

## Introduction

Perioperative nursing consists of nursing care provided to a person throughout the perioperative period, which is composed of: the preoperative period – which begins when a person is informed of the need for a surgical procedure and hospitalization, until their entry into a surgical center (SC) –; the transoperative/intraoperative period – which begins at the time of entry into SC until leaving SC –; and the postoperative period – the entire period after surgery, the recovery period, including the immediate period, reception of a person in post-anesthetic recovery until 24 hours after surgery; the mediate period, which begins after 24 hours of surgery, with a duration that varies according to the procedure.[1]

It is considered that SC is a highly complex unit, with the use of invasive technologies and procedures and perioperative assistance of a complex activity, which demands knowledge, skills, behaviors and fundamental attitudes for safe and qualified care, requiring immediate and effective actions from nurseS.[2-3]

In SC, nurses are the professionals responsible for coordinating all stages of the perioperative period, ensuring a safe, adequate and aseptic environment during the anesthetic-surgical procedure and paying attention to all reactions that a person may present. Therefore, it requires extensive knowledge about qualified care directed to individual and procedural needs.[2]

The systematization of perioperative nursing care (SPNC) is the way to operationalize qualified and safe nursing care in this context. Thus, the perioperative nursing team is responsible for assessing, from a systematic perspective, possible risks during the surgical process as well as applying good practices through routines and standards based on scientific evidence.[2-3]

In this regard, the teaching-learning process in perioperative nursing focuses on the person's unique needs in anesthetic-surgical settings. It is a training process for acquiring technical skills and abilities related to humanization of care, with a view to encouraging aptitudes, expanding potentialities and correcting possible gaps, according to students' demands.[2-3]

Teaching through supervised practical classes (SPC) in perioperative nursing is a powerful tool in training nurses to develop skills and competencies to meet patients' needs in the anesthetic-surgical process. It is noteworthy that being in the field allows nursing students to have a critical view of the care provided and barriers present in practice, contributing to their ability to meet the job market demands, which lacks qualified labor in this area.[4]

Therefore, the report of the experience from SPC is relevant in the perspective that it allows a bridge between the theoretical teaching of the academic context and the praxis of healthcare services: it is the moment of integration between theory and practice. The gap in knowledge about such an approach is highlighted, since a Brazilian study was located that addressed nursing students' experiences in practical classes, from a different perspective from that adopted in this manuscript, since the researchers of the aforementioned research worked on perioperative nursing linked to the context of surgical clinic.[5] Therefore, SPC experiences of the perioperative nursing discipline of the undergraduate nursing course are reported.

## Method

This is a descriptive study and experience report (ER), prepared using the suggested script for constructing ER,[6] which deals with recording experiences lived in academic and/or professional life in all the pillars of university education: whether in teaching, research and/or extension. Thus, ER have the potential to contribute to producing knowledge, reflection of various themes and training subjects in society itself, applying a reflective attitude to such experience.[6]

This work was experienced by four third-year undergraduate nursing students from a public university in southern Brazil and by a professor during SPC of the perioperative nursing discipline. The SPC site was the SC and Central Sterile Supply Department (CSSD) of a private hospital in southern Brazil, located in a large city in western Paraná. It occurred throughout November and December 2023.

The group experienced the recognition of the field of practice, with differentiation of areas, such as restricted, semi-restricted and unrestricted, and carried out assignments, such as:

a) Preoperative period: reception of surgical patient; verification of vital signs; anthropometric data; blood glucose; data collection; and completion of the institutional form (personal and family history, surgical preparation – fasting check and trichotomy when indicated; procedure and laterality); venous access; identification of patient with a wristband and warnings about allergies and risk groups; guidance to patient (adornments and prostheses, clothing, surgical anesthetic procedure); checking documentation (consent form, imaging and laboratory tests); SPNC; referral of patient to SC).

b) Transoperative – assistance to circulating nurse in assembling and disassembling SC; transferring patient from stretcher to surgical table; checking identification, procedure, laterality and checking exams and consent form; filling out the Surgical Safety Checklist (SSC); installing cardiac monitoring; assistance in positioning patient for administration of anesthesia and surgical procedure; administering medications; identifying samples for anatomopathological exams; installing a pneumatic boot; surgical degerming; bladder catheterization; dressings; referral to the Post-Anesthesia Care Unit (PACU); SPNC; among others.

c) Post-operative – installation of monitoring; checking vital signs, blood glucose; application of scales (visual pain, Aldrete and Kroulik); [7-10] SPNC.

d) CSSD – recognition of reception of contaminated material, washing of materials and sterilization methods; implementation of material packaging techniques, assembly of various surgical boxes.

The hospital where the experience was held has a charitable and philanthropic nature, providing services to the private health network (insurance and private) and, additionally, to the Brazilian Health System (SUS – *Sistema Único de Saúde*). In private care, it assists several specialties, such as general surgery, pediatrics, gynecology, urology, neurology, gastroenterology, dermatology, plastic surgery, orthopedics, among others. In care linked to the SUS, it works with oncology, cardiology, neonatology, gynecology and obstetrics. The hospital is a general, tertiary level institution, which has been operating for 40 years; it has approximately 1,400 employees, offering more than 60% of its services to the SUS; it has level 3 hospital accreditation, 206 beds, 7 surgical rooms, 8 beds in the PACU, with an average of 10 surgical procedures/morning period of SPC.

This study, as it is an ER of the authors in compliance with SPC workload, was not submitted for assessment by the Research Ethics Committee; however, it fully respected the ethical precepts of scientific production and dissemination, with rigor and confidentiality, in accordance with the guidelines of Resolution 510/2016.[11]

## Results

The hospital unit where SPC was carried out had a rectangular SC, with exclusive entrances for patients and employees, divided into unrestricted, semi-restricted and restricted areas, in which were arranged: 7 SC, storage room for sterilized materials, preoperative assessment room, PACU, pharmacy, purge, pathology laboratory, pantry and changing room. The preoperative reception room (PRRR) was equipped with multiparameter monitors, digital thermometers, glucometers, digital anthropometric scale – all of which, except for the last item, also made up the PACU, which, in turn, has an emergency cart and 8 beds. The SC has an anesthetic cart, automatic surgical table, electrocautery, video towers, among others. Thus, it was found that SC, with regard to equipment and instruments, has them in sufficient quantity and in excellent condition of

conservation and maintenance, including two elevators, one for each type of material, one that takes the dirty material from SC to CSSD, and another that takes the clean materials from CSSD to SC, ensuring adequate flows.

The unit was presented by a professor to students during their first contact with the hospital unit; after that, they were given instructions on surgical donning (pajamas, mask, shoe covers and surgical cap), an element that favored the understanding of care flows and purposes of each stage and location. Moreover, the health team was introduced. It is considered that the professor sought to contextualize the practice of work in SC with what had been studied in theoretical classes, allowing the link between theoretical and practical data, initiating praxis.

The nursing team's work processes analyzed were based on institutional protocols and routines, guided by current scientific evidence, such as the theory studied in academia. It is also worth noting that the location had routines posted on guidance boards in PRRR, PACU and SC facilities – facilitating the execution of actions.

Regarding the nursing team, nursing technicians (NT) were always in pairs for each of the sectors (two per SC; two per PACU; and two per PRRR), and in the SC they were responsible for circulating the rooms, since scrub nurses are linked to the respective surgeons. Regarding the number of nurses, there were three in total: a sector manager and two assistant nurses – one exclusively for PACU and the other for SC and PRRR.

In relation to the preoperative context, they use a standardized form for collecting clinical data and health assessment, which is carried out by NTs, who, in the face of signs and symptoms that are routinely explained, such as changes in vital signs, lack of surgical preparation, consent form and imaging and laboratory tests, call a nurse who goes to the sector and, in the face of allergies, they signal them with identification wristbands, and patient's identification wristband is affixed in the same place. The relevance of the preoperative period in planning nursing care for people and their individualities is emphasized: the performance of the nursing process by students demonstrated the possibility of identifying risk factors and implementing strategies that aimed to minimize or eliminate them.

SCs are organized prior to surgical procedures, with instruments, medications and equipment, according to the surgery by the circulating NT. They have a routine that

establishes a standard basket of materials and medications, which are dispensed for each surgical procedure.

The circulating NT is therefore responsible for assembling and disassembling the SC; receiving patients; transferring them from stretcher to surgical table; checking identification, procedure, laterality and checking exams and consent form; filling out the SSC, installing cardiac monitoring and pneumatic boot; positioning a patient for the anesthetic-surgical procedure, surgical degerming; assisting throughout the anesthetic-surgical procedure, administering medications, referring patients to the PACU; among others.

Regarding patient safety in SC, the SSC is on a whiteboard posted on the wall of each SC, with data to be filled in, such as: patient identification; age; weight; height; health insurance; surgical procedure to which patients will undergo and respective laterality; allergies; preparation; difficult airway; need for blood transfusion; antibiotic prophylaxis and its times; names of the team in the room (surgeon, circulating nurse, scrub nurse and anesthetist); time of start of anesthesia and surgical procedure. In most of the procedures witnessed by students, such data were filled in completely and, in few episodes, filled in partially, always by the circulating NT of SC. The checking of terms and imaging and laboratory exams is routinely performed in the preoperative period and repeated in SC.

Patients' electronic medical record uses the checklist according to the SSC of the "Safe Surgery Saves Lives" campaign recommended by the World Health Organization (WHO). However, the team's conference in the room does not meet the recommendation for verbal checking contained in the checklist, but is carried out in the electronic medical record in a non-verbal manner.

During the intraoperative period, observation was students' predominant activity, since the team allowed limited access to students in execution of care; however, it was possible to: assist the circulating nurse in assembling and disassembling SC; transfer patient from stretcher to surgical table; check identification, procedure, laterality and examinations and consent form; fill out SSC; install cardiac monitoring, pneumatic boot, compression stockings; surgical degerming; bladder catheterization; dressings; assist in positioning patient for administration of anesthesia and for the surgical procedure;

administration of medications; identification of samples for anatomopathological examinations; referral to the PACU, among others.

Concerning surgical instrumentation, students were only able to observe during the intraoperative period. It is understood that the fact that the surgical technicians were not part of the unit's team made access to the instrumentation difficult.

Regarding the role of nurses in SCs, they are linked to private procedures, such as bladder catheterization, more complex surgeries and resolution of problems related to surgical map and arrangement of procedures by rooms, equipment and materials, with the exception of PACU, where professionals remain full-time in direct care activities and team supervision. Therefore, they take over a broad range of care and management functions, such as nursing team guidance, leadership, material management, coordination of care, with emphasis on bureaucratic-administrative functions. The SPNC is not implemented in the health institution, which is understood as a hindrance to care and visibility of its actions.

In the PACU, the importance of monitoring patients' vital signs, anesthesia and complications related to the surgical intervention itself was learned. The use of scales such as the Visual Pain Scale, Aldrete, Kroulick and Braden[7-10] stands out to support the conduct in the sector.

As for student reception by the nursing team, they were initially concerned; however, during SPC, they welcomed and integrated students into the sector's activities. Students were able to enter the field, observe, apply and acquire technical and non-technical knowledge, skills and abilities, in addition to reflecting on nurses' performance in the context of SC, both in management and care functions. Regarding service users, they were, in general, receptive to students, whose therapeutic relationship proved to be constructive and bond-forming.

Regarding the surgical procedures monitored, they were related to several specialties, such as dermatology, plastic surgery, general surgery, pediatrics, gynecology, urology, neurology, gastroenterology, dermatology, orthopedics, oncology, cardiology, among others. Furthermore, concerning the people assisted, the different stages of the life cycle stood out: older adults, adults, adolescents and children.

The SPC workload was 52 hours, divided into 4 hours in the morning period for 13 days. Students were divided into pairs, remaining in different contexts of the perioperative period, maintaining faculty supervision. Although SPC occurs after the theoretical classes and practical classes in the laboratory, which theoretically subsidize SPC development, support materials were used, such as scientific articles that dealt with perioperative care, SPNC, validated SPNC model, validated scales (Visual Pain Scale, Aldrete, Kroulick and Braden).[7-10]

SPC assessment took place with a daily verbal review, mediated by the professor, on the strengths and weaknesses and, at the end of the discipline, there was a moment of general SPC assessment, in which a standardized form was used at the educational institution, which assesses students' technical and non-technical skills and abilities during the SPC period, such as punctuality and attendance, ethical attitude, responsibility and commitment, verbal and non-verbal posture, initiative and proactivity, ability to relate and communicate with the health team and patients, interest in the proposed activities, ability to carry out the planned care and theoretical basis.

SPC allowed us to observe and experience the complexity of nursing care in the perioperative period and nurses' relevance in organizing the sector before, during and after surgical procedures, managing patient care, coordinating the team and providing a safe environment for everyone.

It is worth noting that the supervising professor of SPC is a co-author of this study; therefore, the results were discussed jointly between students and professors involved in the context of the reported experience.

## Discussion

The SC organizational structure and its equipment are essential for the adequate provision of care during the perioperative period. The rectangular format and the divisions into unrestricted (protection), semi-restricted (clean) and restricted (sterile) areas of this scenario are recommended, since they provide functionality and allow constant observation of the person undergoing a surgical procedure. The nurse combines care and management functions, organizing, forecasting and providing human and material resources, planning and organizing nursing team qualification and

training and assisting in the development of teaching, aiming at safe care for the person.[12] Therefore, the observation of such elements in the field allows students to interact with the theory learned, contributing to professional practice with the structural planning of perioperative care units.

From this perspective, the work process organization, when guided by the use of institutional protocols and routines, is fundamental to guide the execution of actions in which the nursing team is involved, since it directs the work adequately and officially records the care performed.[13] The use of safe surgery checklist, SSC, in the routine of SC enhances coordination of surgical care, team unity and communication, encourages a safety culture and contributes to reducing complications and adverse events in surgical patients,[14] as seen in SPC practices, even though the processes can be improved, an element that, in SPC, favors students' understanding of workflows and conduct.

The SSC, developed by the WHO and ratified in the Brazilian context through Ordinance 1.377/2013, advocates four pillars for safe surgery: surgical site infection prevention, anesthesia safety, teamwork and communication improvement, and care measurement through indicators of processes and results of surgical care. [15-16]

It is worth noting that SSC implementation improves the quality of care provided by reducing errors, surgical complications and postoperative mortality, contributes to appreciation and recognition of nurses as managers of the work process and improves communication and teamwork, which is related to increased quality and reduced costs. In the meantime, nurses play a crucial role in promoting patient safety, especially in surgical care, to the detriment of its relationship with qualification of care and interprofessional communication.[17]

Therefore, nursing is present in providing specific care in all surgical periods, in direct care for patients and family members and in the promotion, maintenance and recovery of a person in the surgical procedure. Thus, their performance in the perioperative period results from a set of specific and specialized skills, adapted to the needs of each individual undergoing anesthetic-surgical processes.[2]

Systematic nursing supervision and assessment are essential at each stage of the nursing team's actions, identifying possible risks in the surgical anesthetic process, implementing and implementing standards and routines based on good perioperative

practices. The lack of nursing assessment may result in adverse events resulting from care failure, surgical site infection, inadequate patient positioning, incorrect procedure site, incorrect administration of medications and complications in the surgical anesthetic process.[3]

SPNC is constituted by the way in which nurses operationalize nursing care for a person in the perioperative period, aiming to promote quality, safe, continuous, participatory, individualized and documented care as well as improving communication among teams, allowing for assessment of results, promoting interaction between the phases of the perioperative process, supporting nursing actions and seeking comprehensive care.[18]

The integrative review[19] stands out, concluding that implementing SPNC enables nurses' interaction in the perioperative process, planning care according to the needs of each patient, aiming at quality in the care provided, focused on a scientific process, supporting all adopted practices. From this perspective, the use of SPNC could increase the quality of nursing care in the target SPC institution and would even favor training academics and the visibility of nurses' performance in this scenario.

It is important to emphasize that the distribution of perioperative content or discipline varies among universities: some have one discipline; others have a small theoretical content inserted in other disciplines, targeting SC units; and still others do not offer any content in the undergraduate course. The emphasis on training generalist nurses and focusing on community health ends up depriving students of the opportunity to learn and practice perioperative care demands.[19-20]

Curricular changes that reduce time available for teaching and learning in the perioperative period and dispersion of content in other disciplines imply a view of the topic as being of lesser importance, even though it is included in nursing training, reflecting that professionals must care for a person in all contexts.[19-20]

In a study conducted on the teaching plans of universities in Manaus,[2] which investigated the inclusion of perioperative nursing, it was found that, among four disciplines, three have theoretical-practical workloads and only one has practical workloads. In this context, the Brazilian National Curricular Guidelines (DCN – *Diretrizes Curriculares Nacionais*) ensure that higher education institutions have freedom in workload composition, thus, in order to adapt to the minimum workload of courses and, simultaneously, to health policies

and financing notices aimed at family health, some contents, such as SC, tend to be overlooked, as being of lesser value in nurse training. [20-22]

Thus, after 2001, with the definition of the generalist nurse profile through DCNs, many nursing courses chose to exclude the SC discipline (which also includes content related to CSSD and PACU) from their curricula, restricting its offering to graduate courses. However, this understanding is not related to the market's needs, which demands nurses with minimum skills and competencies for perioperative care.[22]

It is emphasized that the teaching-learning process during SPC contributes to training nurses, allowing the development of skills in perioperative care. Although SPC workload is limited, it allows nurses to begin their activities in SC. However, many schools offer the perioperative nursing discipline superficially and the practical part is restricted to visits with quick exposure to the SC unit and, even when there is an internship, this is limited to a few days of observation and does not allow students to be involved in care and/or identify nurses' role in this scenario.[20]

From this perspective, SPC allowed the development of basic skills, both in relation to direct care and the handling of equipment and materials, and approach to protocols and routines – the importance of such an educational resource proposed by the discipline is emphasized.

Observing the activities performed, providing support in preparing the SC and the circulating staff, and monitoring the patient until the postoperative period provided a greater understanding of the complexity and dynamics required in SC. This highlights the need for interdisciplinary collaboration and the establishment of efficient communication, since team cooperation is capable of reducing errors during the anesthetic-surgical process, thus promoting continuous and quality work.

It is worth noting that SPC allows for the implementation, learning and improvement of practical techniques that were presented in theoretical classes, but that students do not have adequate time to practice. The lack of opportunity to implement such techniques throughout training can contribute to creating unprepared and insecure nurses.[21]

In a study conducted in São Paulo in 219 nursing undergraduate schools, 46.1% of courses taught SC content in a specific discipline, with a median total workload of 64 hours (range of 40-300 hours) and an average of 38.5 hours of practice.[22] This data does not resemble the SPC workload described in this report, of 52 hours.

It is considered that the high complexity, specializations, use of technologies and the vulnerable state of a person targeted by the procedure in SC may explain the fear of the sector's employees in allowing greater autonomy, *a priori*, of academics/professors, since such presence was not routine, which does not, however, detract from the relevance of SPC, since it goes beyond obtaining theoretical-practical knowledge, but implies the acquisition of values and stance by students.[23]

Furthermore, the role of professors in the context of SPC aims to generate interest among students in the perioperative area, analyze psychological and emotional aspects of students and promote effective communication in order to resolve doubts and build trust, given that, according to a Brazilian narrative review,[24] prior to direct contact with hospitals, students create expectations, which are mostly frustrated when faced with conflicts among teams, difficulties in relationships with internship supervisor and/or patients who demand knowledge, which awakens a feeling of helplessness.[24]

Finally, the practical activities carried out during the internship in SPC play a crucial role in training students, enabling them to become active, critical and constructors of their own knowledge. Precisely because of these results, SPC should not be limited to theory alone, but should be expanded to include practical knowledge, which also forms ethical and valuable attitudes, such as welcoming, humanization and comprehensive care.[21]

Thus, this study can contribute to the reflection on the potential of SPC in the context of perioperative nursing as a formative element for nursing students, a locus of articulation between theory and practice – praxis. It highlights the need for nurses to appropriate direct care in this scenario and operationalize SPNC. Its limitations are related to the fact that it is a ER, presenting experiences and perceptions of a small group of people in a specific location.

## Conclusion

The experiences of SPCs in the perioperative nursing discipline of the undergraduate nursing course allowed them to recognize the phases of the perioperative context and the complexity of nursing care in this scenario, requiring preparation to ensure patient and team member safety. Therefore, it constitutes a moment of theoretical-practical dialogue, which allows the expansion and redirection of technical-scientific skills and competencies and communication with the health team and patient, according to each student's needs.

Therefore, practical workload is an essential tool for training nurses capable of working in the context of perioperative care, knowledgeable about health services and their interfaces, limitations and potential.

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