

# **Nurses in Surgical Education**

# **Reference Manual**

Developed by the  
Nurses in Surgical Education Committee  
of the  
Association for Surgical Education  
2000-2001

Updated:  
2002-2003

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## Preface

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The Nurses in Surgical Education Reference Manual was written primarily for Department Chairpersons and/or Clerkship Directors interested in incorporating nurses to assist faculty with surgical education. The purpose of this manual is to assist Chairs and Clerkship Directors in determining:

1. Background information that led nurses to assist with teaching in Departments of Surgery.
2. Educational roles of the nurse within surgical teaching environments.
3. Position descriptions for nurses in surgical education.
4. Goals of the Nurses in Surgical Education (NSE) Committee.
5. Rank, Tenure, & Promotion issues.
6. Minimum qualifications for position within surgical departments.
7. Salary range for full-time faculty positions.
8. Medical students' opinions of the nurses' roles in their surgical education.

The manual is not meant to be inclusive in nature. As surgical education evolves, so does the role of the surgical education team. Finally, we hope this manual will serve as a resource for proposal development to assist Departmental Chairs and Clerkship Directors to initiate and support surgical nurse educators for the future. We would like to thank all members, past and present, of the Nurses in Surgical Education Committee for their dedication and hard work that made this manual possible.

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## **I. Background**

The **Nurses in Surgical Education (NSE) Committee** consists of approximately 18 nurses who are currently working within their respective Departments of Surgery across North America. Formerly called the Nurse Instructor Interest Group, the nurses have been meeting informally at annual Association for Surgical Education (ASE) meetings since 1993. However, nurses have held educational roles in medical schools since the early 1970's. Since then the group has grown in size and in 1998 became recognized by the Executive Committee as a standing committee in the Association for Surgical Education (ASE) and is now known as the Nurses in Surgical Education (NSE) committee. Each year committee members are approached by a variety of ASE members interested in initiating a Nurse Educator position at their institution. The increasing number of institutions expressing interest in the Nurse Educator position supports nurses supplementing surgical education. Because the role of the Nurse Educator varies tremendously between institutions, the committee developed this manual. The goal of this reference guide is to outline the various roles and job descriptions held by Nurse Educators in Departments of Surgery in the United States and Canada. It is hoped that this will serve as a valuable reference not only for Department Chairs and Clerkship Directors but also for nurses wishing to take part in the surgical educational team.

## **II. Educational Roles**

Nurse Educators provide instruction, guidance and support to medical students throughout the students' undergraduate medical education. They have direct responsibilities for teaching physical exam and technical skills, providing feedback on written and oral communication skills as well as assessing professional behaviors and clinical competence. Additional responsibilities within the clerkship include curriculum development and evaluation of student performance. Some Nurse Educators have these responsibilities for graduate (resident) education. Nurse Educators focus on the educational practices

associated with instruction in the classroom, operating room, clinics, inpatient wards, and intensive care units.

Outside of the surgical clerkship many Nurse Educators are involved in conducting research, participating on departmental and institutional committees, mentoring, and collaborating at the local, regional and national levels.

As a group, the Nurses in Surgical Education Committee offers the ASE a unique perspective concerning undergraduate and graduate surgical education.

### **III. Position Descriptions**

When working on this manual, the Nurses in Surgical Education Committee gathered and collated position descriptions from its members. Position descriptions, and amount of time spent in each area, varied greatly from institution to institution and from program to program (undergraduate versus graduate medical education). However, many common responsibilities have been identified. These include:

#### **a. General Duties:**

The position of Nurse Educator is an academic position with direct responsibility to the chairperson of the Department of Surgery and/or his or her designee (i.e. Clerkship Director, Program Director, Director of Surgical Education, Division Chair). The Nurse Educator provides support for the teaching programs in the Department of Surgery and assists in the daily management of the teaching activities, curricular review and development, and assists with the conduct of educational research. The Nurse Educator represents the Department of Surgery on relevant hospital and university committees.

#### **b. Administration**

- Coordinates the operational support for the daily activities of the clerkship surgical teaching programs and/or postgraduate surgery programs.
- Directs the daily implementation of operational policies and procedures pertaining to the teaching program.
- Maintains communication with faculty, residents and students.

- Acts as a liaison between the surgical teaching service and the nursing services of the hospital, and the university.
- Maintains data on the clinical assignments of surgical students.

### **c. Teaching**

- Responsible for teaching and evaluating students on designated clinical skills, providing formal instruction of clinical skills in the surgical clerkships (i.e. hemodynamic monitoring, aseptic technique, operating room orientation, Foley catheter insertion, suture/staple removal, venipuncture, IV insertion, nasogastric tube insertion).
- Instructs students in the proper format and content of clinical records (patient work-ups, operative notes, progress notes) and reviews them with students as necessary.
- Develops and implements an instructional program for teaching psychosocial skills.

### **d. Evaluation**

- Participates in student evaluation, i.e. maintains evaluation tool to provide feedback to students regarding their clinical skills performance
- Provides feedback and evaluation for students and faculty.
- Monitors and evaluates daily performance of students, keeping Clerkship Director informed of any potential problems.
- Assists with the administration of written and practical exams during the clerkship as needed.
- Assists in developing stations for clerkship practical exam and final exams.
- Assists in preparing final written evaluations on all students.

### **e. Program Development**

- Participates in curriculum review.
- Assists in developing and structuring clerkship programs.
- Works closely with department faculty members in enhancing the educational experiences of the students in the surgical clerkship.
- Supports faculty development sessions offered throughout the academic year.

### **f. Research**

- Participates in or leads educational research projects for the Department of Surgery.
- Designs and implements independent research projects pertaining to individual clinical and educational interests.

### **g. University Service**

- Attends and actively participates on University committees.

- Represents the Department of Surgery at relevant hospital and University matters
- Represents the Department of Surgery and the institution at national and statewide meetings

## **IV. Goals of the Nurses in Surgical Education Committee**

The goals of the NSE are:

1. To promote collaboration, communication and recognition for nurses working in surgical education.
2. To provide and enhance teaching in the clinical setting by contributing nursing expertise.
3. To meet the goals of the Association for Surgical Education by contributing to and participating in educational research within our respective Departments of Surgery and future collaborative projects.
4. To increase the awareness of Nurse Educator positions within medical schools by networking with both affiliated and non-affiliated medical teaching institutions and by active recruitment of individuals who serve in similar roles.

The Chair and Vice Chair are elected by majority vote of members in attendance at the Annual Meeting. The elected individual serves as Vice Chair for two years and then serves as Chair for two years. A list of Nurse Educators currently working in Departments of Surgery is updated annually. This list provides invaluable contacts for Nurse Educators new to their positions. This list may be obtained by contacting the current chairperson.

## **V. Rank, Tenure, and Promotion**

Nurse Educators are most often hired as a faculty member within the medical school. Most begin with a rank of instructor and are usually on a non-tenure track. Most Nurse Educators possess graduate degrees although some are prepared at the baccalaureate level.

### **a. Position Titles**

The following is a list of commonly used position title for nurses participating on the surgical education team. The list is not meant to be inclusive, but rather to provide a variety of titles suitable for various institutional needs.

- Clinical Nurse Specialist – Undergraduate Clinical Surgical Education
- Faculty Associate - Undergraduate Clinical Surgical Education
- Coordinator, Surgical Education
- Clerkship Educator/Coordinator
- Instructor of Clinical Surgery
- Nurse Instructor for Undergraduate Clinical Surgical Education
- Coordinator, Surgical Skills Centre
- Surgical Education Associate Coordinator, Clinical Instructor

## **VI. Minimum Qualifications**

1. Bachelor of Science degree, Master's degree preferred.
2. State/Province licensure as a Registered Nurse.
3. Extensive experience in an area of critical care (ICU, Emergency Department, Operating Room).
4. Familiarity with and experience in the principles and practices of the operating room, post anesthesia recovery room, and admission and discharge areas.
5. An understanding of basic surgical diagnoses and procedures.
6. Knowledge of principles of adult education and educational research.
7. Knowledge of hospital medical records and documentation and policy and procedures related to such.
8. Strong leadership skills.
9. Previous experience in teaching and/or administration.

## **VII. Salary Range for Full-time Position**

\$49,000 - \$75,000 US

Note: The salary range was obtained by an anonymous survey of NSE committee members.

## **VIII. Summary**

Approximately two years of collaborative committee work went into the initial preparation of this manual. It is the intent of the committee to formally review and update the manual on a regular basis as many of the Nurse Educators continue to see their positions grow and evolve over time.

Nurse Educators truly enjoy working with students and we feel the students are very appreciative of and benefit from the work we do. In order to more accurately

assess that, however, the committee conducted a medical student survey. The survey tool and results are located in the Appendix. Overall, the results indicate that the students' educational experience in the clerkship is enhanced when a Nurse Educator is a part of the Department.

The Nurse Educator is part of a relatively small but dedicated group of people with unique roles in surgical education. We, the Nurses in Surgical Education Committee of the Association for Surgical Education, look forward to assisting in the surgical education of physicians in the 21<sup>st</sup> century.

# Appendix

## Medical Student Survey

Prior to preparation of the Nurses in Surgical Education Reference Manual, the committee felt it was important to assess the medical students' opinion of the role of the Nurse Educator in their medical school curriculum. A survey was developed by the committee to collect information from medical students regarding the role the Nurse Educator had on their surgical clerkship experience. The survey was piloted with a small group of students, and then revised by the committee.

The final survey, located at the end of this section, was distributed to medical students either electronically or manually from August 1999 through March 2000.

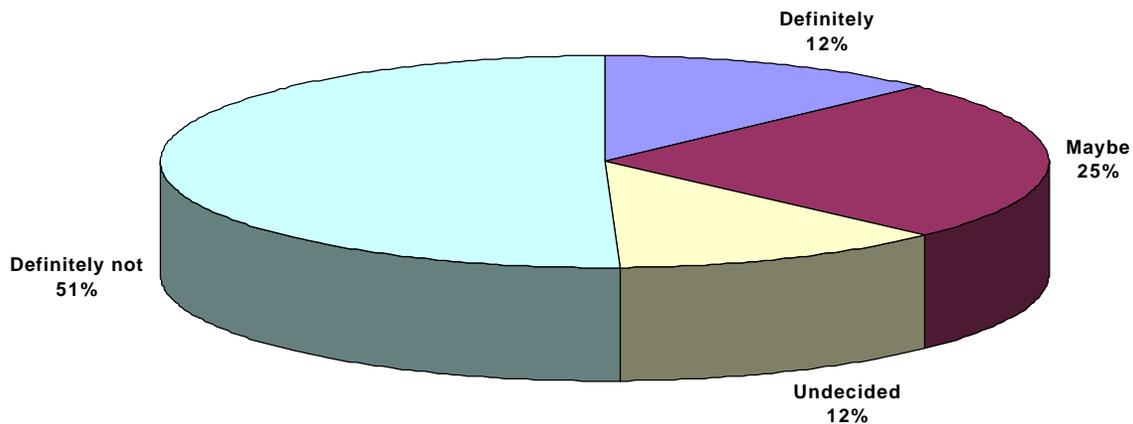
## Survey Results

### Demographics

Data was collected from the Creighton University, Southern Illinois University, University of Southern California, University of Toronto, and the University of Wisconsin. Students were asked to complete the survey at the end of their required surgical clerkship. All clerkships occurred during the third year of medical training and all the students had some exposure to a Nurse Educator. A total of 170 medical students responded to the survey.

The committee felt it was important to ask about the students' plans for surgical careers. As expected, the majority of students responding did not anticipate pursuing surgical careers. However, the percentage completely excluding the possibility (Definitely not, 51%) was lower than expected given residency match rates to surgical careers. Possible explanations for this are that students may find the possibility of a surgical career more attractive immediately after their surgical clerkship or that a disproportionate number of students responding to the survey are considering a surgical career.

### Are You Planning a Career in Surgery?



Thirteen survey questions were included which asked for answers on a 5-point Likert-type scale. The results indicate that medical students are overwhelmingly positive in their views of the Nurse Educator's role in their education/clerkship.

Survey Question	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. The Nurse Educator provided a structured environment, thus enhancing my learning, during this clerkship as compared to other clerkship experiences without a nurse educator.	61%	32%	7%	0%	0%
2. I felt the nurse educator inhibited my learning during my surgical clerkship as compared to other clerkship experiences without a nurse educator.	0%	2%	3%	29%	66%
3. If problems arose during the clerkship, I felt comfortable talking to the nurse educator.	67%	25%	8%	0%	0%
4. The nurse educator was available/approachable regarding questions/concerns during my surgery clerkship.	74%	22%	4%	0%	0%
5. The nurse educator played an important role during my surgical rotation.	52%	38%	10%	0%	0%
6. The nurse educator was an important part of my surgical rotation.	52%	38%	10%	0%	0%
7. The nurse educator/coordinator provided information required to help make my surgical rotation a valuable learning experience.	57%	34%	9%	0%	0%
8. The nurse educator participated in teaching skills applicable to my surgical rotation.	56%	39%	5%	0%	0%
9. The nurse educator provided valuable feedback regarding my surgical performance.	29%	24%	30%	16%	1%
10. The nurse educator clarified expectations/logistics of my surgery clerkship.	52%	33%	11%	2%	2%
11. The nurse educator assisted in teaching clinical skills that I had not been exposed to elsewhere.	48%	32%	16%	4%	0%
12. The clinical skills instruction provided in my surgery clerkship was very effective.	43%	39%	14%	4%	0%
13. Compared to clerkships without a nurse educator my surgery clerkship was more organized.	55%	24%	16%	5%	0%

## Open-Ended Questions

Questions 14 through 21 were open-ended questions about the Nurse Educator role. All medical student responses were listed and duplicate answers were deleted. Questions 14, 17 and 19 were considered to be of similar content and responses and thus are listed together.

14. IN WHAT WAYS DID THE NURSE EDUCATOR INFLUENCE YOUR OVERALL LEARNING EXPERIENCE IN THE SURGICAL CLERKSHIP?

17. HOW DID THE ROLE OF THE NURSE EDUCATOR IMPACT YOUR SURGICAL CLERKSHIP EXPERIENCE?

19. WHAT IMPACT, IF ANY, DID NURSE EDUCATORS HAVE ON MEDICAL STUDENTS DURING THE SURGICAL CLERKSHIP?

The responses given by the medical students to these questions were that the Nurse Educator provided an organized and supportive atmosphere while at the same time providing direct education in a non-threatening manner. Students frequently commented on the availability of the Nurse Educator to listen and respond to students' questions and concerns.

15. LIST TWO STRENGTHS OF THE NURSE EDUCATOR.

The most frequently cited strengths were the approachability, knowledge (and willingness to share this knowledge), and organization.

16. LIST TWO WEAKNESSES OF THE NURSE EDUCATOR.

The majority of students left this item blank. One student commented that the Nurse Educator was powerless in comparison to faculty and residents during the student's feedback/end-of-clerkship evaluation. A few students mentioned that the Nurse Educator(s) were not always available in their offices, but that they were readily available by pager.

18. WHAT UNIQUE AND COST EFFECTIVE BENEFITS DO YOU FEEL NURSE EDUCATORS OFFER YOUR SURGICAL CLERKSHIP?

The most frequent response to this question centered on the Nurse Educator's direct teaching and organization of curriculum. Many students commented that they were taught skills/procedures by the Nurse Educator which they would not have been taught otherwise. Others commented that the Nurse Educator saves the faculty and/or residents time and thus cost by assisting with the clerkship.

20. WHAT DO YOU SEE AS THE BENEFITS/ADVANTAGES OF HAVING A NURSE EDUCATOR IN YOUR SURGICAL CLERKSHIP?

The responses to this question indicate that students believe the Nurse Educator is a valuable resource that is knowledgeable, available and organized.

Furthermore, the students felt that the Nurse Educator is well placed outside of the formal team structure to be a mentor and a student advocate while using available resources to enhance students' professional skills in a non-threatening environment. In addition, the students again felt the Nurse Educator provided

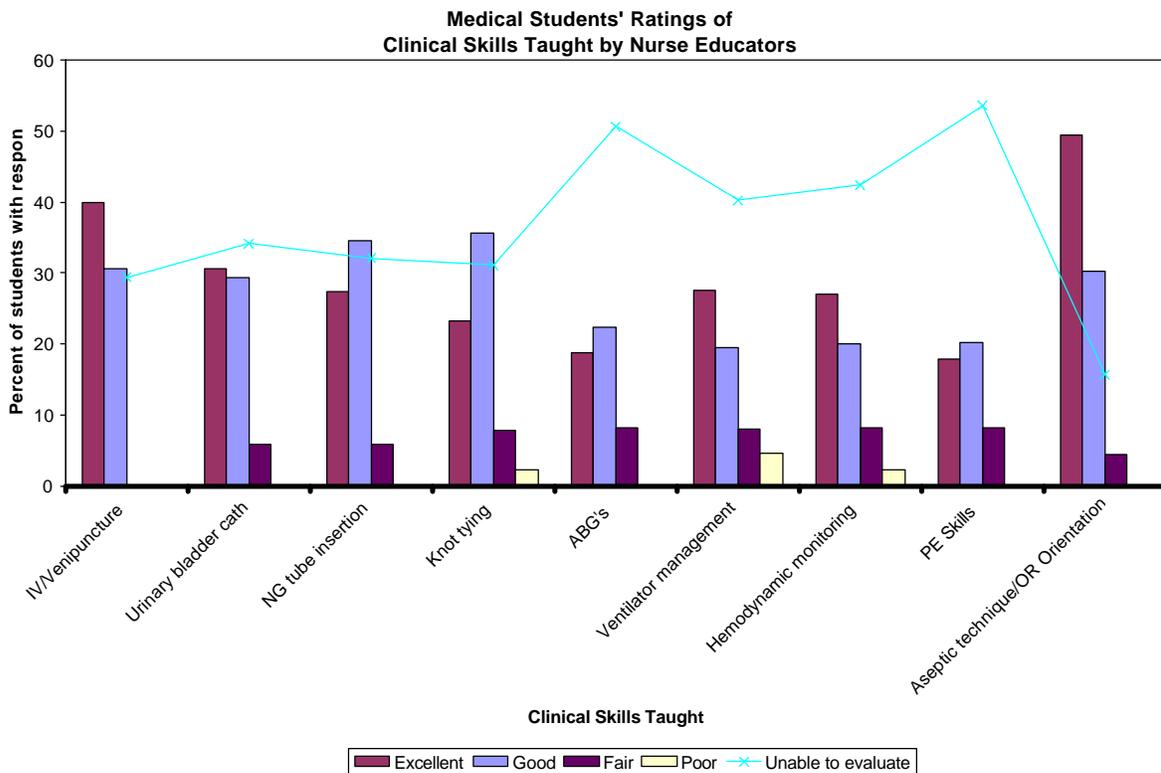
needed structure to the clerkship and served as good mediators, instructors and communicators.

21. WHAT WERE THE DISADVANTAGES OF HAVING A NURSE EDUCATOR IN YOUR SURGICAL CLERKSHIP?

Of the 170 surveys returned, 115 responses to this question were left blank, 54 stated “none,” and one response that stated, “was like having your mom around.”

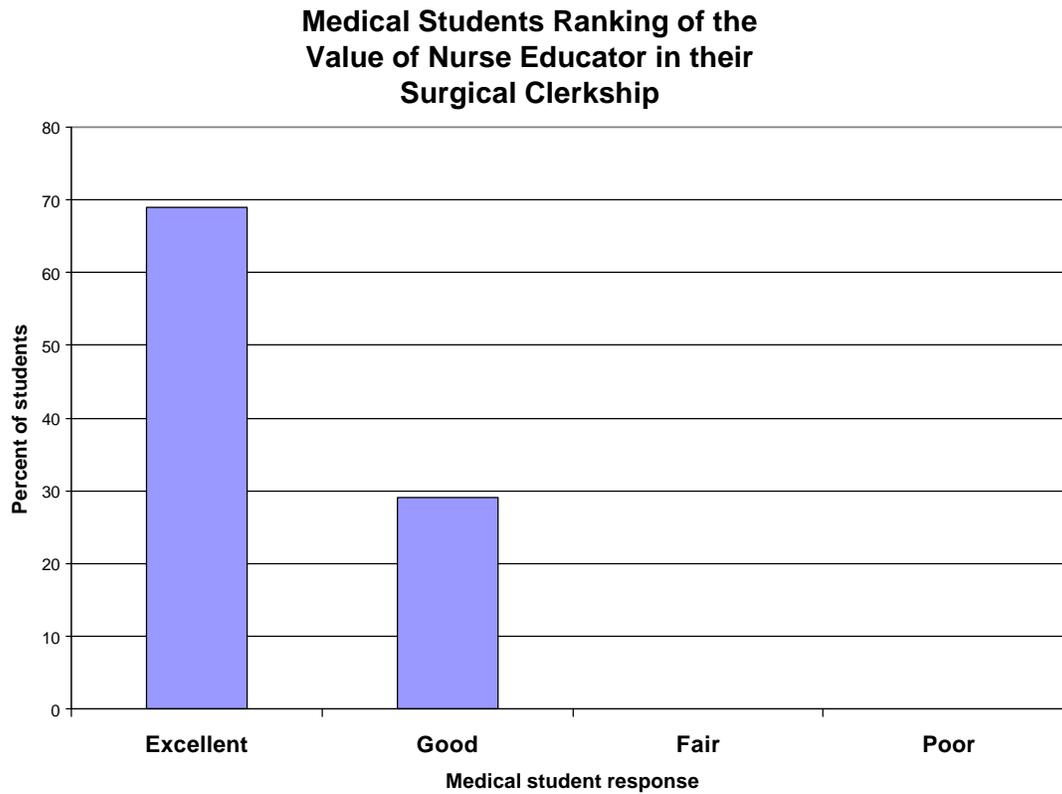
**Clinical Skills**

The following chart depicts the medical students’ responses to question 22 in which they were asked to rank the value of instruction in a variety of clinical skills by the Nurse Educator on their surgical clerkship. The large number of students “unable to evaluate” is due to the fact that each participating institution instructs students in different skills and one institution does no clinical skill instruction. For those that were able to evaluate their skill instruction, the results, again, are overwhelmingly positive with the vast majority of students rating their instruction as good or excellent.



### Overall Rating

Finally, we asked the medical students to give an overall ranking for the value of the Nurse Educator in their surgical clerkship. The results are depicted in the following chart:



**ASSOCIATION FOR SURGICAL EDUCATION  
NURSES IN SURGICAL EDUCATION SURVEY**

**DEMOGRAPHIC INFORMATION**

Name of Medical School: \_\_\_\_\_

Year in medical school: \_\_\_\_\_

In what year is your surgery clerkship required? \_\_\_\_\_

How many weeks is your required surgery clerkship? \_\_\_\_\_

Age: \_\_\_\_\_ Gender:  Female  Male

What was your previous education prior to medical school?

Are you planning a career in surgery?  Definitely  Maybe  Undecided  Definitely not

**SURVEY**

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
1. The nurse educator provided a structured environment, thus enhancing my learning, during this clerkship as compared to other clerkship experiences without a nurse educator.	<input type="checkbox"/>				
2. I felt the nurse educator inhibited my learning during my surgical clerkship as compared to other clerkship experiences without a nurse educator.	<input type="checkbox"/>				
3. If problems arose during the clerkship, I felt comfortable talking to the nurse educator.	<input type="checkbox"/>				
4. The nurse educator was available/approachable regarding questions/concerns during my surgery clerkship.	<input type="checkbox"/>				
5. The nurse educator played an important role during my surgical rotation	<input type="checkbox"/>				
6. The nurse educator was an important part of my surgical rotation.	<input type="checkbox"/>				
7. The nurse educator/coordinator provided information required to help make my surgical rotation a valuable learning experience.	<input type="checkbox"/>				
8. The nurse educator participated in teaching skills applicable to my surgical rotation.	<input type="checkbox"/>				
9. The nurse educator provided valuable feedback regarding my surgical performance.	<input type="checkbox"/>				
10. The nurse educator clarified expectation/logistics of my surgery clerkship.	<input type="checkbox"/>				
11. The nurse educator assisted in teaching clinical skills that I had not been exposed to elsewhere.	<input type="checkbox"/>				
12. The clinical skill instruction provided in my surgery clerkship was very effective.	<input type="checkbox"/>				
13. Compared to clerkships without a nurse educator, my surgery clerkship was more organized.	<input type="checkbox"/>				

14. In what ways did the nurse educator influence your overall learning experience in the surgical clerkship?

15. List two strengths of the nurse educator

16. List two weaknesses of the nurse educator

17. How did the role of the nurse educator impact your surgical clerkship experience?

18. What unique and cost effective benefits do you feel nurse educators offer your surgical clerkship?

19. What impact, if any, did nurse educators have on medical students during a surgical clerkship?

20. What did you see as the benefits/advantages of having a nurse educator in your surgical clerkship?

21. What were the disadvantages of having a nurse educator in the surgical clerkship?

22. Rank the value of teaching each of the following clinical skills by your nurse educator(s):

IV/Venipuncture	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Unable to evaluate
Urinary Bladder Catheterization	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Unable to evaluate
NG tube insertion	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Unable to evaluate
Knot tying	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Unable to evaluate
ABG's	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Unable to evaluate
Ventilator Management	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Unable to evaluate
Hemodynamic Assessment	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Unable to evaluate
Physical Examination Skills	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Unable to evaluate
Aseptic technique/OR orientation	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Unable to evaluate

23. Please give an overall ranking of the value of your nurse educator(s) in surgical education.

Excellent    Good    Fair    Poor    Unable to evaluate