



Perioperative Nursing Health Sciences Division Surgical Services Programs

Thank you for your interest in the Perioperative Nursing Courses at Gulf Coast State College ("GCSC"). This program is composed of two classes: NSP2290 Perioperative Nursing Theory and NSP2290L Periop Lab/Clinical, offered January or May each year. Occasionally, due to the request of local hospitals or need, additional classes may be offered in August. Check the college schedule for the terms offered. Course NSP2290, Perioperative Nursing Theory course (3 credits), is based on the Association of Perioperative Registered Nurses (AORN) Standards and Recommendations, and is offered utilizing the web-based platform "CANVAS". It can be used as an introduction to the operating room or as a study guide for the perioperative nurse certification (CNOR) exam.

The second course, NSP2290L Clinical Internship to Perioperative Nursing (3 credits), can be offered in your local hospital, if they agree to affiliate with GCSC and allow you to work with a local preceptor. Students may travel to Panama City to complete the 200 volunteer hours of training if you are unable to work with your local facility. Prior to beginning the clinical internship segment of the course, you must have successfully completed the 4th Module (Aseptic Technique) of the NSP2290 Perioperative Nursing Theory course. It is your responsibility to contact bpage1@gulfcoast.edu or ssmith@gulfcoast.edu to schedule your lab practices on site at GCSC, or to arrange a preceptor at one of our affiliated clinical sites.

You may register for NSP2290 Periop Nursing, by itself, and it is not mandatory to complete the NSP2290L, Clinical Internship to Perioperative Nursing unless otherwise required by your facility. Either one or both of the courses are designed to help prepare you for the operating room environment and to help you pass the recognized perioperative nursing certification exam (CNOR).

You are **NOT** required to complete the application if you take the *theory class only*. You **MUST** complete the application packet to enter NSP2290L Periop Nursing Lab/Clinical Internship class and the operating room environment for clinical experiences.

Please read the attached information packet, or visit our website to learn more about our courses and student responsibilities at <http://www.gulfcoast.edu/current-students/academic-divisions/health-sciences/surgical-technology>. Additional information regarding perioperative nursing, certification, and AORN standards can be obtained at www.aorn.org, the official website of perioperative nursing.

If you decide that becoming a perioperative nurse is for you, begin the process of applying for admission by following the attached instructions. If you have any further questions, please feel free to e-mail Ssmith@gulfcoast.edu, or call Shannon Smith at (850) 873-3551. We look forward to working with you in the future.

Sincerely,

Shannon Smith, M.H.Sc., CDEI, CST, CSFA, FAST (Program Coordinator)
Kathleen Leonard, MSN, RN, CNOR, RNFA (Instructor)

Rev 06/2022

Student Checklist

Perioperative Nursing

Apply to the College

- ___ Step 1. **New students should apply for General Admission to GCSC.** Applications are available online at <https://www.gulfcoast.edu/apply> . Choose the Major Code "NON-Degree Seeking Student".
- **Returning students who have not attended GCSC in the past year must also re-apply for admission to update your file (no fee).**
- ___ Step 2. **New students pay the \$20 college application fee online <https://mygcsc.gulfcoast.edu>, at our Bookstore, or at the GCSC Business Office (in person or by phone). If this is not paid, you cannot register for courses.**
- ___ Step 3. **Transcripts will not be necessary or N/A for “Non-Degree Seeking Student”. If necessary, you can Request OFFICIAL transcripts from High School or GED with scores, and all colleges be sent to the Admissions Office of GCSC showing completion of a registered nursing courses.** Forms are available in the Admissions Office, online, or at the end of this application packet.

Register for the Online Theory Course

NSP-2290 Perioperative Nursing Theory

- ___ Step 4. **Send Shannon Smith an e-mail Ssmith@gulfcoast.edu** with your student ID number so she can have you registered for class. If you prefer not to communicate your student ID number, you will need to have them register you in the enrollment office if unable to do so yourself.
- ___ Step 5. **Pay for the class online at MYGCSC/Lighthouse/Banner system** or at the Business Office in person, or by phone at (850) 769-1551, ext. 3534.
- ___ Step 6. **Pick up, or order, your textbooks.** Berry and Kohn's **Operating Room Technique** (online used, or from the GCSC Bookstore), and a recent or current year copy of the AORN Guidelines and Recommendations; online from www.aorn.org.

Apply for the Clinical Course:

NSP2290L Perioperative Nursing Internship

- ___ Step 7. **Submit Perioperative Nursing application forms as required for the NSP2290L Course** by mail to GCSC Health Sciences, 5230 West Highway 98, Panama City, Florida 32401, or in person to Health Sciences Division Office, 2nd Floor. Current GCSC Nursing students planning to only take the NSP-2090 Theory Course do NOT have to complete this step.

Those planning to take NSP-2290L must **submit the following:**

- ___ a. Completed and signed Perioperative Nursing Courses application
- ___ b. Signed Duties Acknowledgement Form.
- ___ c. If not currently enrolled as a nursing student at GCSC who has completed your first semester, submit proof of licensure to practice as an RN in the state in which the clinical internship will be taken. Include a copy of the license or verification copy from the website with VOID printed across it.
- ___ d. Submit a current identification photograph at least 2" x 2" in size (passport photo from P.O. will work).
- ___ e. Give 2 people you know the Personal Reference Forms (enclosed) to complete. Be sure to print your name and sign the top section giving them permission to fill out the form. References can be from a pastor, family friends, former teachers, or current/past employers. *A reference letter from an employer, teacher or supervisor earns 1 point each on the admissions index form if the student achieves an "above average recommendation with enthusiasm".* **Submit the 2 Personal Reference forms.** (Keep a copy to be uploaded to CastleBranch, **Original is mailed or dropped off.**) They can be mailed to GCSC Health Sciences, Attn. Adam Carlini, 5230 West U.S. Highway 98, Panama City, Florida 32401.
- ___ f. **Submit copy of current CPR certification card and maintain certification throughout the entire program.** Acceptable card must be from an American Heart Association **BLS Healthcare Provider course.**

_____ **Step 8. NSP2290 and NSP2290L can be taken concurrently or the theory one summer and lab/clinical the next summer for student nurses at GCSC. Successfully complete the course, or at least the 4th module component of NSP2290 Perioperative Nursing with a “C” or better prior to beginning the lab segment. Once the lab segment is completed, then you can begin your clinical rotations.**

_____ **Step 9. Prior to registration for NUR-2290L:**

_____ **Local GCSC residents should contact Shannon Smith to discuss your preferences. (If out-of-GCSC-district, discuss options for clinical and lab components with local facilities.** Then, e-mail ***Ssmith@gulfcoast.edu*** with contact person, phone number, facility, and the preceptor arrangements to arrange an affiliation agreement –see clinical planning packet.) For offsite students: once Preceptor arrangements have been finalized, Instructor will notify you that you are ready to register and a clinical clearance form will be available in CANVAS for completion of the required documentation.

_____ Satisfactory Criminal Background Check completed on site at GCSC. (Current GCSC nursing students or those employed by the facility at which they wish to complete their clinical assignments may have alternate documentation completed by the nursing program or facility.)

_____ A chain-of-custody 10-panel drug screen, at student’s expense, is required by some affiliating clinical agencies for clinical clearance. The results must be faxed to the Division Chair of Health Sciences at (850) 747-3246.

_____ Documentation of Immunizations/Physical as required by the clinical site.

_____ Note: If completing your clinical rotation at your employer’s site, you may request from the appropriate authority a waiver of the above documents stating that you have been cleared to complete the clinical rotation and no additional background check, drug screen or health status immunization/physical requirements are necessary based on in-house documentation.

_____ **Register for class and pay the fees online *<https://mygcsc.gulfcoast.edu> in Lighthouse/Banner system* or at the Business Office either in person or by phone at (850) 769-1551, ext. 3534.**

_____ **Step 10. Successfully complete all Lab assignments and Lab modules in the on-campus Lab scheduled with Brittany Page or Shannon Smith.** It usually takes most students 2-5 days at 4-6 hours per day. The potential lab times will be posted on CANVAS during the 2nd week of class or arranged individually based on number of students and enrollment status. You may be able to complete consecutively or over several weeks.

_____ **Step 11. Arrange with GCSC Clinical Assistant Coordinator and Program Coordinator the clinical site rotation and Preceptor.** The clinical component is a minimum 200 hours of Lab and Clinical experience.

Disclosures:

The Higher Education Act (HEA) of 1965 is a federal law which authorizes student aid programs. Reauthorizations of this act prescribe disclosure requirements for institutions wishing to participate in the federal student aid program. As a prospective student or enrolled student of GCSC you have a right to the following consumer and safety information. Paper copies of this information will be provided upon request to the financial aid office.

- General disclosures, including GCSC's report on athletic program participation rates and financial support data, may be found at: ***<http://www.gulfcoast.edu/tuition-aid/financial-aid/consumer-information.html>***
- Information on financial aid is available to students is found at: ***<http://www.gulfcoast.edu/tuition-aid/financial-aid>***
- GCSC's annual security report is found at: ***<http://www.gulfcoast.edu/campus-life/campus-safety/clery-act.html>***
- Family Educational Rights and Privacy Act is found at: ***<http://www.gulfcoast.edu/admissions/ferpa.html>***

Please call (850) 872-3845 or visit the Financial Aid Office in person if you have any questions.

FEE SCHEDULE **

PERIOPERATIVE NURSING

	<u>In-State</u>	<u>Out-of-State</u>
<u>ENROLLMENT FEES:</u>		
GCSC - application fee (new students)	\$ 20.00	\$ 20.00
Drug Screen	\$ 33.00	\$ 33.00
Criminal Background Check at GCSC (if needed)	\$ 85.00	\$ 85.00
<u>TEXTBOOK FEES:</u>		
Textbooks (Approximate) (List Provided)		
Required texts	\$ 300.00	\$ 300.00
<u>TUITION FEES:</u> (See current college catalog)		
NSP-2290 (3 credits)	\$ 296.25 (\$98.75 cr.hr.)	\$ 1,079.13 (\$359.71 cr.hr.)
NSP-2290L Lab/Clinical (3 credits)	\$ 296.25	\$ 1,079.13
<u>LAB FEES:</u>		
NUR-2290L	\$ 86.00	\$ 86.00
(includes Student Liability/Accident Ins for Lab)		
<hr style="width: 20%; margin: 0 auto;"/>		
Total Courses Fees (approx.)	\$ 1,116.50	\$ 2,682.26

Textbooks include:

Berry and Kohn's Operating Room Technique
 AORN Publication AORN Standards and Recommendations for the current year

Other Texts to prepare for examination: (Core Perioperative Knowledge)

Alexander's Care of the Surgical Patient
 Essential Surgical Skills
 CNOR Study Guide and Practice Resource

**** Fees listed above are currently accurate, but subject to change without notice due to price changes from the other requirements, manufacturer, or provider. Last update 6/2017. Updated cost per credit hour and lab fees are located in the catalog for the current year.**

**The courses are usually offered in May with registration in April.
 You may start and finish over a 12-16 week period.**

GULF COAST STATE COLLEGE - HEALTH SCIENCES DIVISION

Send Color Photograph of Self
(head and shoulders) to be
attached here.

APPLICATION FOR ADMISSION

**5230 West U.S. Highway 98
Panama City, FL 32401-1058
(850) 872-3827 or (850)913-
3311 (850) 747-3246 - fax
1-800-311-3685 -toll free**

Date received by office:

Date student contacted:

PERIOPERATIVE NURSING

Answer all questions; please TYPE or PRINT (please submit form as soon as possible.)

Name: _____
First
Middle
Last
Maiden Name

Home Address: _____
Street and Number
City
State
Zip
County

Permanent or Mailing Address (If different from above): _____

Social Security No.: _____ GCSC Student ID No. _____

E-Mail: _____ Home Phone: () _____

Business Phone: () _____ Cell Phone: () _____

EDUCATION

OFFICIAL TRANSCRIPTS must be received by the Office of Admissions and Records.
ALL schools and colleges attended must be listed for the application to be complete. **Use additional sheets if necessary.**

Name of School	Location of School	From Month/Year	To Month/Year	Did you receive Diploma, Degree or Certificate?	What was your Major / Minor?
High School or GED:					
Vocational / Other Technical Courses					
College or University:					
College or University:					

LICENSES AND CERTIFICATION

Type	Issued by which State or Agency?	Certification or License Number	Expiration Date

Perioperative Nursing Courses Duties Acknowledgement Form

Duties and Responsibilities

1. Preoperative:
 - A. Analyze and describe preoperative patient management including performing a preoperative evaluation/assessment in collaboration with other health care providers to establish a plan of care. Describes methods of communicating the patient's plan of care with other health care providers.
 - B. Describe and demonstrate correctly written preoperative orders according to established protocols for the surgical scenarios given.
2. Intraoperative:
 - A. Describe methods of intraoperative surgical assisting including using instruments and medical devices, providing exposure, handling and cutting tissue, providing hemostasis, and suturing.
 - B. Analyze wound healing and wound closure correlating the techniques of surgical assisting which will enhance postoperative healing.
 - C. Correlate anatomy, physiology, and pathophysiology with the sequencing of the procedure to identify specific behaviors and operative technique for the identified procedures.
3. Postoperative:
 - A. Describe the immediate postoperative period including writing postoperative orders and postoperative procedure notes according to established protocols.
 - B. Describe postoperative rounds and identify potential outcomes and complications.
 - C. Describe postoperative discharge planning and identifies appropriate community resources that may be utilized for the identified procedures.

Special Qualifications

In addition to minimum requirements regarding reading, language, and math skills, the student must, unassisted:

- A. Demonstrate ability to comprehend and interpret written material. Able to make appropriate judgment decisions.
- B. Follow written and oral/verbal instructions in English. Possess short-term and long-term memory sufficient to perform tasks such as, but not limited to, mentally tracking surgical supplies and performing anticipation skills during the operation.
- C. Synthesize information from written material and apply the knowledge to various situations.
- D. Demonstrate the use of positive coping skills during patient, staff, and faculty interactions.

Psychomotor Qualifications

- A. Vision – normal, corrected. Demonstrate sufficient visual ability enough to load a fine (10-0) suture onto needles and needle holders with/without corrective lenses and while wearing safety glasses. Demonstrate sufficient peripheral vision to anticipate and function while in the sterile surgical environment.
- B. Hearing – normal, corrected, or aid able. Hear and understand muffled communication without visualization of the communicator's mouth/lips and within 20 feet. Hear activation/warning signals on equipment.
- C. Smell – able to detect odors sufficient to maintain environmental safety and patient needs.
- D. Touch – normal tactile sensitivity. Manipulate instruments, supplies, and equipment with speed, dexterity, and good eye-hand coordination.

Physical Qualifications

- A. Able to stand, bend, stoop, and/or sit for long periods of time in one location with minimum/no breaks.
- B. Able to lift a minimum of 20-25 pounds. Able to push/pull equipment weighing up to approximately 40 pounds for up to 20% of work time.
- C. Able to refrain from nourishment or restroom breaks for periods up to 6 hours.
- D. Ability to walk or stand up for up to 80% of the work time.
- E. Able to assist with and/or lift, move, position, and manipulate the patient who is unconscious with or without assistive devices.
- F. Successfully complete a CPR certification course. (Acceptable cards are American Heart Association *BLS Provider*)

Environment

- A. Position involves exposures to blood and body fluids, and all areas of patient care.
- B. Also exposed to cool temperatures, hazardous equipment, fumes/odors and noise.
- C. Tolerate the use and wearing of personal protective equipment such as masks or respirator, goggles, face shields, gloves, gowns, and lead aprons or other equipment as necessary for your shift (1- 12 hours) or longer if you cannot be relieved for call or emergencies.

Communication Qualifications

- A. The ability to interact and verbally communicate with others. Demonstrate positive interpersonal skills during patient, staff, and faculty interactions.
- B. Demonstrate calm and effective responses, especially in emergency situations.
- C. Knowledge of basic written, grammar, and spelling skills.
- D. Ability to communicate and understand fluent English both verbally and in writing.

I have read the above and feel that it is within my ability to carry out the duties, responsibilities, and qualifications of a Perioperative Nurse.

I do do not (check one) have any problem in meeting the above technical requirements.

I understand that clinical policies regarding physical, TB skin tests, and Immunization Records must be followed.

Signature

Date

Sign and attach this form to the application submitted to the Health Sciences Division.

Student Planning Guide

Please complete, in full, and submit this form with your application packet. As an Instructor, I want to be sure that you have been fully informed and understand the career field that you have chosen, so that you can be successful in the completion of this program. If you have any difficulty completing this form, **you can find the answers in the application packet or on one of the internet resources.** For further information, go to either our website or the professional organizations www.aorn.org, <http://www.cc-institute.org/> . If you still have questions, e-mail Ssmith@gulfcoast.edu , or call Shannon Smith at (850) 873-3551 for assistance.

1. Describe what a Perioperative Nurse is and their scope of practice.
2. Describe what job positions are available to a Perioperative Nurse. What are the opportunities?
3. What are my plans for Clinical?
4. Why do you want to enroll in this program?
5. What are my goals? 2 years from now: _____
 10 years from now: _____

9. **BE SURE YOU HAVE THE TIME:** Our goal is to help you plan for all of the things you will need to be successful. For information, go online to the Surgical First Assistant website, or e-mail us for the steps to apply for financial aid. You do need to plan for these resources to be successful with as little stress as possible. Consider, Do I have the Following?

- Family support:
- Transportation:
- Tuition:
- Living expenses/ Bill management:
- Computer resources for online segments:

Time PER DAY: Management of time, We have filled in the time we know that you need to be successful.

	Low –High
Homework	<u>2</u> - <u>3</u> hours
Class	<u>4</u> - <u>8</u> hours
Sleep	<u>6</u> - <u>8</u> hours
Exercise/Time for Self	<u>½</u> - <u>1</u> hours
Family Time	_____ hours
Eating	_____ hours
Bathing	_____ hours
Traveling to and from school	_____ hours
Responsibilities (work/chores/bills)	_____ hours
Total Time:	24 hours

What will be your time challenge?

How will you manage it?



Perioperative Nursing Courses Verification of Eligibility for Courses

Applicant must submit proof of eligibility for the Perioperative Nursing Courses by either of the following ways.

RN or 2nd semester graduate nurse eligible for NSP-2290, Perioperative Nursing Theory course.

	Hospital employed at, or clinical assignment facility	Completion of 1st semester Nursing courses or RN	Signature of Nursing Instructor	Completed by college personnel; validation by college personnel (only one is required that meets criteria)
Nursing Student				
RN		RN LICENSE #		
ARNP		RN/ARNP License #		

Submit a copy of your RN license, and attach it to this form. Write Void and your initials across it.

I verify that I meet the requirements for the course as evidence by meeting one of the criteria. I verify that the information provided on this form is accurate and complete to the best of my knowledge.

Applicant Signature _____ Date _____

Personal Reference Form - Health Sciences Division - Perioperative Nursing

COMPLETED BY STUDENT: I, (Print Name) _____ give permission to _____ to fill out this personal reference for me. I appreciate their candor and understand that this form is confidential. However, Under Federal law entitled the "Family Educational Rights and Privacy Act of 1974", students are given the right to inspect their records including recommendation forms. I ___do ___do not (CHOOSE ONE) waive my rights to review the content of this form. I do release the person completing this form from any liability regarding their completion of this form. I have supplied the person completing this form with a stamped addressed envelope to the following address: Gulf Coast State College, Attn :Brittany Hendley, 5230 West Highway 98, Panama City, Florida 32401.

Applicant's Signature _____ Date _____

Completed by person authorized to complete Reference:

- How long have you known this applicant and in what capacity? _____
How well do you know the applicant? _____ Very Well _____ Fairly Well _____ Slightly
- In the healthcare field, healthcare personnel have access to confidential information from charts and files and are required to handle drugs and controlled substances. With this in mind, do you place full confidence in the applicant's integrity?
YES _____ NO _____ If no, please explain why: _____
- Would you allow this individual to provide healthcare for you or your family if you were ill? YES _____ NO _____ If no, please explain why: _____
- To your knowledge, is there anything that might interfere with or limit the success of this applicant in the healthcare field? _____
- How do you perceive this person reacting when placed in a stressful situation or working under pressure?
Circle one: Wise Sensible Irrational Impractical Hysterical Other _____
- Please indicate whether or not you recommend this applicant as being suitable to enter the Healthcare program.
Circle one: RECOMMEND WITH ENTHUSIASM RECOMMEND
RECOMMEND WITH RESERVATIONS DO NOT RECOMMEND
- Please check or write in the spaces to indicate the traits that best describes the applicant:

	<i>Above Average</i>	<i>Average</i>	<i>Below Average</i>	<i>No Basis to Judge Applicant</i>
Communication skills, clarity				
Cooperation, team player, gets along w/ others				
Courtesy				
Dependability or Reliability				
Helpful to others, motivated				
Honesty				
Initiative				
Leadership ability				
Maturity, Emotional Stability, Coping, Conflict				
Neatness , Appearance (tidy, clean)				
Organized				
Perseverance, Stamina				
Promptness (responsiveness)				
Quality of Work, Accuracy				
Quantity of Work				
Responsibility				
Seeks Help when needed				
Sound Decision Making				

Signature of Person Completing Reference: _____

Position/Title: _____

Address: _____ Phone No.: _____

Personal Reference Form - Health Sciences Division - Perioperative Nursing

COMPLETED BY STUDENT: I, (Print Name) _____ give permission to _____ to fill out this personal reference for me. I appreciate their candor and understand that this form is confidential. However, Under Federal law entitled the "Family Educational Rights and Privacy Act of 1974", students are given the right to inspect their records including recommendation forms. I ___do ___do not (CHOOSE ONE) waive my rights to review the content of this form. I do release the person completing this form from any liability regarding their completion of this form. I have supplied the person completing this form with a stamped addressed envelope to the following address: Gulf Coast State College, Attn: Brittany Hendley, 5230 West Highway 98, Panama City, Florida 32401.

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How well do you know the applicant? _____ Very Well _____ Fairly Well _____ Slightly
- In the healthcare field, healthcare personnel have access to confidential information from charts and files and are required to handle drugs and controlled substances. With this in mind, do you place full confidence in the applicant's integrity?
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- Would you allow this individual to provide healthcare for you or your family if you were ill? YES _____ NO _____ If no, please explain why: _____
- To your knowledge, is there anything that might interfere with or limit the success of this applicant in the healthcare field? _____
- How do you perceive this person reacting when placed in a stressful situation or working under pressure?
Circle one: Wise Sensible Irrational Impractical Hysterical Other _____
- Please indicate whether or not you recommend this applicant as being suitable to enter the Healthcare program.
Circle one: RECOMMEND WITH ENTHUSIASM RECOMMEND
RECOMMEND WITH RESERVATIONS DO NOT RECOMMEND
- Please check or write in the spaces to indicate the traits that best describes the applicant:

	<i>Above Average</i>	<i>Average</i>	<i>Below Average</i>	<i>No Basis to Judge Applicant</i>
Communication skills, clarity				
Cooperation, team player, gets along w/ others				
Courtesy				
Dependability or Reliability				
Helpful to others, motivated				
Honesty				
Initiative				
Leadership ability				
Maturity, Emotional Stability, Coping, Conflict				
Neatness , Appearance (tidy, clean)				
Organized				
Perseverance, Stamina				
Promptness (responsiveness)				
Quality of Work, Accuracy				
Quantity of Work				
Responsibility				
Seeks Help when needed				
Sound Decision Making				

Signature of Person Completing Reference: _____
Position/Title: _____
Address: _____ Phone No.: _____