

# Periop 101 Module Refresher for Nurses: A Quality Improvement Initiative

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## Team

This initiative was led by a multidisciplinary team at Seattle Children’s Hospital, including OR Nursing Professional Development Practitioners, Nurse Managers, the Director and Associate Chief Nursing Officer of Perioperative Services, and OR staff nurses.

## Preparation & Planning

In Fall 2023, leadership identified variability in foundational perioperative practice across the OR team. Internal feedback, leadership observations, and E-feedback data indicated gaps in knowledge and inconsistent application of best practices. With a high percentage of novice nurses and concerns about preceptor readiness, leadership postponed onboarding new Periop 101-trained nurses. Instead, the department focused on reinforcing core perioperative competencies through a department-wide refresher using AORN’s Periop 101 curriculum.

## Assessment

Historically, new-to-OR nurses were trained through a regional consortium which was an effective program but limited oversight of content consistency and we were transitioning to AORN’s Periop 101 program. On main campus 43% of nurses were trained through this model with an average of 2.4 years of experience. Concerns about practice readiness were observed and expressed by experienced staff, charge nurses, surgeons, and surgical technologists, and leadership. While our Shared Governance Council had initiated a “Back to Basics” campaign targeting key safety topics such as counts, prepping, and medication safety, broader alignment with evidence-based practice was needed. With support from the ACNO, we obtained Periop 101 seats for all novice and experienced OR nurses to ensure a shared foundation rooted in AORN standards.

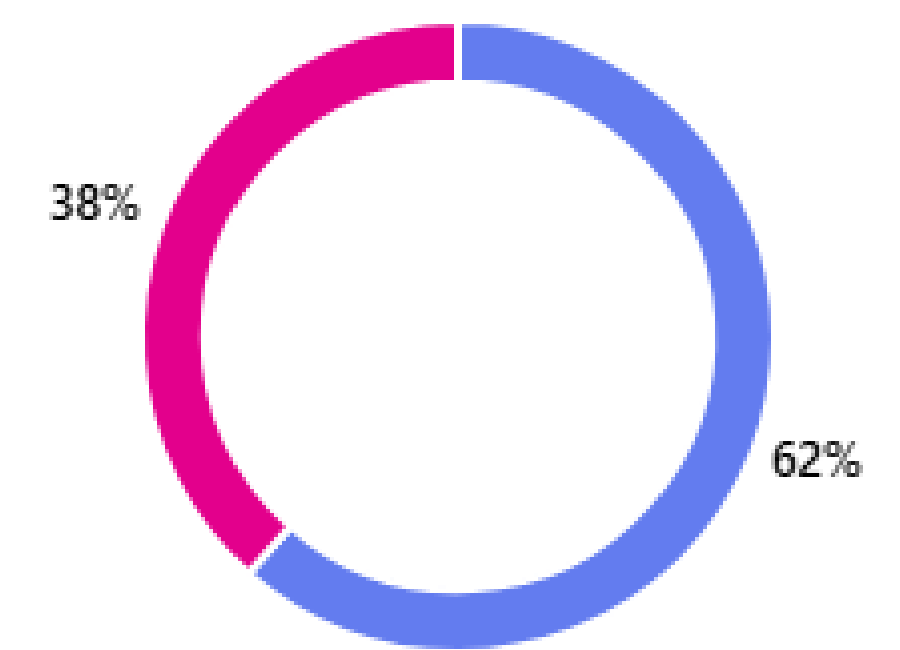
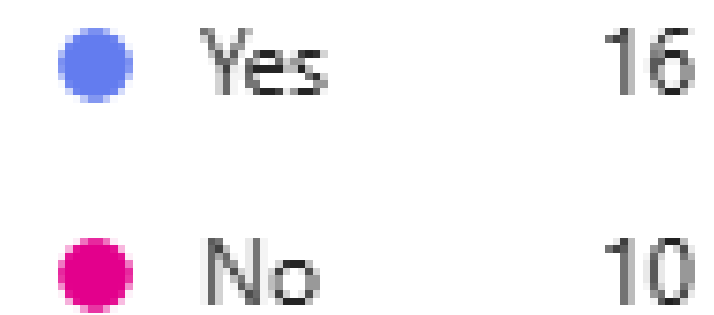
## Implementation

To pilot the process, Periop 101 modules were first assigned to surgery center nurses in spring 2024 to assess completion time and workflow integration. Nurses were encouraged to complete the modules during shifts, using low census time as an opportunity. Main campus assignments began in October 2024, with 73 nurses participating across three staggered groups, each given a 3-month completion window. The final exam was unproctored to allow flexibility for completion during shifts or from home with educational leave. Afterward, the NPD team distributed a post-survey to gather feedback on the modules' perceived value, knowledge or practice gaps, learning outcomes, challenges, overall job readiness, and CNOR certification readiness.

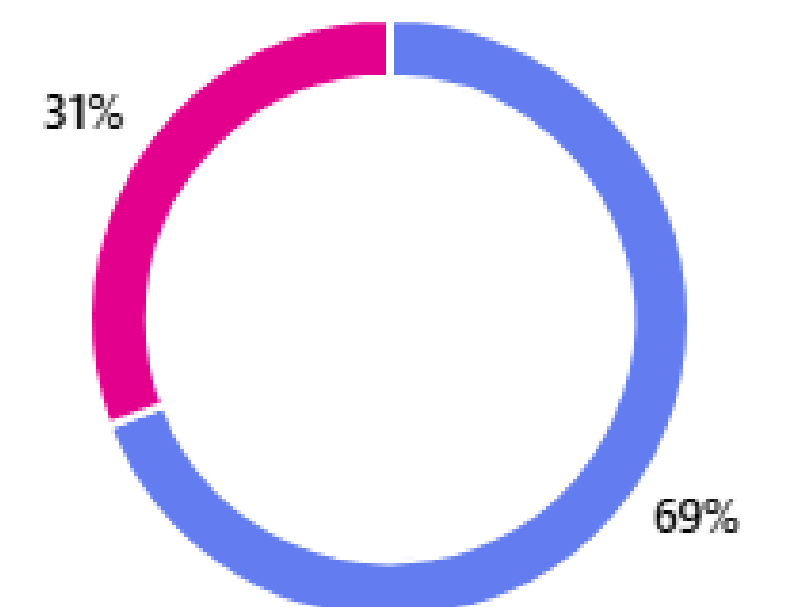
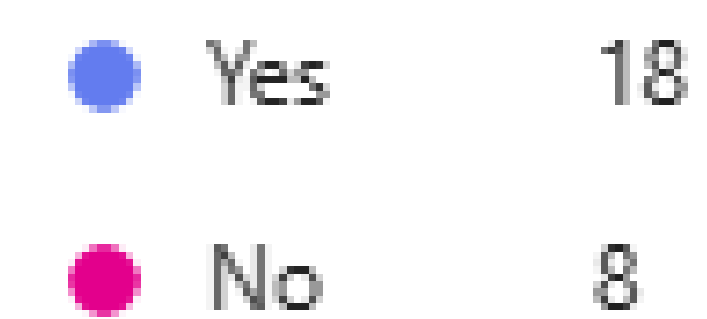
## Outcome

The survey of 25 responses showed that completing the modules provided overall value, with 44% of respondents identifying knowledge gaps in areas like sterilization, glove changes, patient positioning, and room turnover. 62% of nurses reported learning something new. Time constraints were a challenge for some, while others had enough time to complete the modules. Feedback from experienced nurses was mixed—some found the content too basic, while others found it dense and hard to process. Environmental issues like lack of quiet spaces were also mentioned. A common suggestion was to condense the material into a “refresher” format. Since the program, there has been a reduction in practice concerns, indicating increased confidence and clinical awareness. Additionally, three nurses passed the CNOR exam post-program, and others showed greater motivation to pursue certification.

Did you learn anything new while completing these modules?



Do you feel better equipped with the knowledge to do your job after completing these modules?



## Implications for Perioperative Nursing

This initiative promoted consistent, evidence-based practice aligned with AORN standards and supported clinical growth across all experience levels. It improved staff readiness to precept, fostered professional development, and contributed to a stronger culture of safety. This model is replicable in other perioperative settings and can be adapted using AORN’s Periop Mastery modules for a more streamlined approach.