



JIBC

School of Health, Community & Social Justice
Health Sciences Division

Student Perspective of Operating Room Placements

The intent of this document is to provide JIBC ACP students with procedural and etiquette information regarding clinical OR shifts. This document was written by students and is a work in progress, intended to be updated by students with suggestions or changes to procedures.

General

The operating room is highly organized and efficiently run environment with emphasis placed on safety and time management. Time in the operating room is very expensive and surgical teams possess very unique skill sets. To see the maximum amount of patients, days in the OR are highly structured and daily schedules are adhered to closely.

Expect on arrival to have to seek out the first call anesthesiologist (the lead for all the anesthesiologists of the day) and introduce yourself. Keep in mind this is any other work day for these teams and time may not be taken to show you around or introduce you to other anesthesiologists. To get the most of your day, seek out the anesthesiologist for each theater and introduce yourself early in the day. Explain what you're here to do and gauge whether they are receptive to students. Some will be very excited to teach while others may not be interested at all. Likely they will review their daily schedule with you and let you know the times to return for intubations.

Being respectful while assertive is the best way to get the most intubation attempts. Keep in mind there may be other students (RT's, surgeons, doctors) in the OR as well that day who may take priority over you. You may not get any attempts to intubate or there may not be any procedures that require intubation that day.

Procedural

In the locker/change room, change into OR scrubs. You will require shoe covers, a cap and mask as well. All of this can be found in the change room. Don't forget your stethoscope.

Introduce yourself to the first call anesthesiologist. They will likely review the daily schedule with you and note the theaters with potential intubations. Decision to intubate is based off of the procedure being done and the pre-intubation assessment. Many procedures can be accomplished with LMAs. It would be a good idea to review your pre-intubation assessment (mallampati scores, 3-3-1 rule etc.) blood gases (O₂, CO₂) and airway anatomy as some anesthesiologists may have you do the pre-intubation assessments yourself.

Prior to the procedure, discuss your intubation plan with your anesthesiologist and orient yourself to all the appropriate equipment you'll require. *Bougies are rarely used in the OR environment since most intubations are done under optimal conditions. Most anesthesiologists were open to using them however, if you explain that is what you'll primarily use in the field.*

Prior to mechanical ventilation, patients will be ventilated manually using a BVM. OR's do not use portable BVMs like we use on the street. Ventilation is accomplished using the bag on the side of the anesthesia work station (green bag in the picture below).



Each surgery will begin with a surgical briefing. During this time the surgeon will state the patient's name, the procedure being done and any complications that may be expected. It is absolutely critical you remain quiet during this time as it is a safety procedure allowing the patient, anesthesiologist, or nursing team to object if they had a different understanding of the intended procedure.

During the procedure, remain close to your anesthesiologist. Do not walk anywhere in the room unnecessarily. Sterile fields are designated with blue sheets and should not be touched, moved or leaned over.

Though initially intimidating, the majority of past students report a very positive experience from their OR days. This is your first chance to use some of the new skills you've been learning and represent yourself as an advanced care paramedic. The anesthesiologists and surgical nurses understand this and will typically be supportive in helping you learn. If you are unable to get a sufficient amount of intubation attempts for any reason, contact your PEL to discuss an additional day.