

PHC Student / Learner Viewing Experience Operating Room Request Form

IMPORTANT INFORMATION

Students / learners who require the operating room experience as part of their professional education (ie. they cannot graduate without it), will be given priority.

REGISTRATION FOR OBSERVATION

Requests for observation are to be made within the first week of the learner's experience at PHC by the **student's supervisor** and will be tracked in HSPnet (advanced submission preferred):

1. Submit this request form (be specific with dates) by email to the OR Nurse Educator:
 - o SPH: Nadia Vrtacic at nvrtacic@providencehealth.bc.ca
 - o MSJ: Thelma Velasco at tvelasco@providencehealth.bc.ca
2. Upon verification of observation, contact the surgeon to discuss the learning objectives and appropriateness of the surgery.
3. Confirm surgery time the day before via e-slate or by calling the OR at 62330.

PREPARE FOR OBSERVATION

- Eat a meal prior to your arrival as some procedures will take several hours to complete.
- Jewellery including rings, necklaces, earrings, watches, etc is not to be worn and mobile/ electronic devices are not to be brought into the OR. Please do not bring these with you.
- Wear comfortable shoes (with socks) and your ID badge. You will change into OR scrubs.
- Report to the OR reception desk (3rd floor, Providence Bldg.) at the time given.
- Students/learners will require an "on the spot" orientation (dress, sterile field, etc.) and must adhere to the OR procedures through support by a nurse.
- You will be assigned to a specific theatre for your observational experience and expected to communicate with the nurse in that room should you need to leave before the end of the procedure. You may not visit other theatres.
- Access to the patient by OR staff must be unimpeded throughout the OR experience.

STUDENT INFORMATION			
Date Request Initiated		SPH <input type="checkbox"/>	MSJ <input type="checkbox"/>
Student Name			
Student Affiliation	(School)	(Program)	
Student Supervisor		Contact #	

SURGERY PREFERENCES		
	Surgery Requested	Viewing Timeframe
First Choice		
Second Choice		
Third Choice		

Preferred Surgeon (if feasible)	
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CONFIRMATION (Made by the Nurse Educator)			
Surgery		Date / Time	

HSPnet Reference #	
#	