An RN is circulating on a case when near the end, the surgeon hands the scrub technician a suture and tells her to close the wound. In another situation, the next case requires medications to be drawn up, and the surgical technologist (ST) offers to do this while the RN goes to get the next patient.

Would your staff know how to handle these delegation situations? Sometimes in the rush of activities, the staff can forget the principles of delegation they once learned. What can you as a perioperative director or manager do to establish an appropriate climate for delegation?

OR Manager asked 2 experts to respond to questions about delegation: Bonnie Denholm, RN, MS, CNOR, perioperative nursing specialist in the AORN Center for Nursing Practice, and Marcia M. Rachel, PhD, RN, assistant dean in the School of Nursing, University of Mississippi Medical Center, Jackson. Rachel is the former executive director of the Mississippi Board of Nursing.

What is the manager’s responsibility to ensure that delegation takes place appropriately?

Denholm: A manager needs to have a firm grasp of the principles of delegation. A key is to ensure role clarity between RNs and allied health care providers. Managers also need to clarify which activities can be delegated within the domain of nursing. A good resource is the AORN Position Statement on Allied Health Care Providers and Support Personnel in the Perioperative Practice Setting. (See resources.) In addition, the manager needs to have a good understanding of the state board of nursing’s policy on delegation as well as the organization’s reporting structure. For example, do the allied health care providers and support personnel report to nursing?

It’s also important to encourage nurses to develop critical thinking skills so they can make sound clinical judgments. These judgments need to be grounded in evidence-based practice or expert opinion, so there is a rationale.

There may be times when a nurse has to delegate a task in a circumstance that is not ideal. As a manager, I would want to make sure nurses have a chance to practice delegation scenarios. I would also want to make sure team members are well prepared, know their roles, and are willing to speak up if there is something they are not comfortable with, such as someone stepping outside of their role.

In addition to AORN materials, what resources can OR managers and directors use to guide them?

Rachel: I think managers would be well served to make contact with their board of nursing and say, “I’m in a management position, and I’m facing challenges with scope of practice.” I think many people don’t give the board of nursing a second thought. The only experience most have with the board of nursing is renewing their license.

Most boards of nursing have written delegation statements. The American Nurses Association and National Council of State Boards of Nursing (NCSBN) have issued a Joint Statement on Delegation, intended to support nurses in using delegation safely and effectively. Both organizations say delegation is a skill that must be taught and practiced for nurses to be proficient in using it. The joint statement includes the NCSBN decision tree for delegation. (See Resources.)
Many state boards have also adopted decision trees that are posted on their websites. If a manager walks through the steps in the decision tree, it answers a lot of questions.

Managers should also be familiar with the medical bylaws in their organizations. They should be familiar with the job descriptions for their departments, which they can get from the HR department, and with their policies and procedures.

**Q** Do you find that most staff nurses and managers are familiar with their state’s nursing practice act? If not, how can managers address this?

Rachel: Unfortunately, I think most nurses and managers are guided by fear. They think of the bad consequences of delegation, like losing their license, instead of thinking of the empowerment that comes with delegation.

Managers need to educate their staffs about a cardinal principle of delegation: A nurse who delegates to an unlicensed person retains the accountability and responsibility for the task that is delegated. That is the way the nursing practice acts are usually written—the buck stops with the nurse who does the delegating.

Difficult situations will arise. Managers need to use these situations as teachable moments for the staff. It also helps the staff, whether they are licensed or unlicensed, if you give them permission to decline inappropriate delegation. You do that by coaching them to remember to keep their focus on the patient. A staff member should ask: “How is my delegating this task in the best interest of the patient?” In some cases, it is not in the patient’s best interest.

**Q** Can you illustrate a teachable moment for the scenario above where the surgeon hands the ST the suture and tells her to close the wound?

Rachel: This is when it comes in handy for your staff to know the parts of the medical bylaws that apply to their area. The surgeon has privileges and is credentialed to provide certain services at that facility. With those credentials come boundaries. Unfortunately, we have sometimes led surgeons to believe it is OK to do certain things because we have accepted it. Also, it can be flattering to a staff member if a surgeon hands the person a suture. They think, “He picked me.” The problem is, the focus is no longer on the patient; the focus has turned inward. That is where a staff member should be able to say: “Even if I have the technical ability to do this, I’m not legally authorized to do it. I’m probably in violation of the facility’s medical bylaws, policies and procedures, and job description.”

If you’re the RN circulator, you have to intervene. You have to be calm but assertive. The focus stays on the patient. I think a mistake some nurses make is that it becomes personal or becomes finger pointing. You come across as though you’re attacking someone. Instead, you need to be calm, be objective, and focus on the facts.

Of course, the surgeon may not be cooperative. Then the RN circulator would report the situation to the manager, who would take the matter up the chain of command. This is also an occurrence that is outside the norm, so the RN would file an occurrence report to let risk management know about the situation. Risk management can share the report with the credentialing committee to consider the next time the surgeon’s reappointment comes around.

**Q** How can a manager maintain an appropriate climate for delegation that still supports teamwork?

Denholm: Good teamwork and communication are essential to patient safety. The AORN Position Statement on Creating a Patient Safety Culture states that safety should be the top priority, even at the expense of productivity. As a manager, I would want to instill that principle in the whole team, including anesthesia providers and surgeons.

If you have good team building and open communication, then people should be clear on what roles are appropriate. For example, you need to develop the consciousness that administering medications is more than the task of drawing up the medication—the nurse needs to do an assessment, determine what other medications the patient is on, and consider any allergies. The AORN Safe Medication Administration tool kit is a helpful resource.
In a safety culture, people are able to speak up, and there is role clarity. People feel empowered to speak up and say, “This does not look right. This is not appropriate.” The AORN Human Factors Tool Kit is a resource to help managers develop a team-training program.

Rachel: You have to make sure there are clearly written job descriptions. A lot of job descriptions I’ve seen have been vague. Sometimes the HR department wants the job descriptions to be generic, but there should be a list of specific job duties that accompany the description. As the OR director or manager, you want to work closely with HR to develop the list of duties that is clear, measurable, and can be used at performance evaluation time. You might have performance evaluation sessions with employees so they understand what is and is not in their job description. Maybe you would have them sign off on that.

Q In your experience, what are the most difficult issues related to delegation? How can managers address those issues?

Rachel: To me, the most difficult ones are the situations where a clinician will do a “hit and run”—hand off a task and be gone. That’s not really delegation—it’s dumping. True delegation is when you intentionally select a person to perform a specific task. You ask, “Is this the right person to do these tasks under these circumstances?”

If you find yourself in a hit-and-run situation, advance preparation is essential. Your staff should be conditioned to ask, “Am I the right person to do this task under these circumstances? Is this within my job description? Is it legal?” If the answer to any of these is no, the staff member must respond immediately.

As I mentioned earlier, we have sometimes led physicians to believe this behavior is OK because we have gone along with it. You can expect resistance—or at least confusion—from the physician at first. But it is important to be consistent in the message. That means everyone on the team must have the same message. It is the manager’s job to make sure the team knows the boundaries, understands the scope of practice, and feels empowered to refuse inappropriate delegation. It’s not personal; it’s just the right thing to do.

References


Resources
American Nurses Association
National Council of State Boards of Nursing, Joint Statement on Delegation
This 2006 statement includes definitions, policy considerations, principles of delegation, resources, and so forth. The statement includes the:
• ANA Principles for Delegation
• NCSBN Decision Tree for Delegation to Nursing Assistive Personnel.

AORN
Position statements
• Allied Health Care Providers and Support Personnel in the Perioperative Practice Setting
• Creating a Patient Safety Culture

Tool kits
• Human Factors in Health Care
• Safe Medication Administration

—www.aorn.org

Look under Practice Resources.
Delegation definition

Transferring to a competent individual the authority to perform a selected nursing task in a selected situation. The nurse retains accountability for the delegation.


Delegation situations in the OR

Would your staff know what to do in these situations?

Example 1

An RN is circulating on a surgical procedure. Near the end of the case, the surgeon hands the scrub technician the suture and tells her to close the wound while he writes the orders. The technician and the RN are hospital employees. The surgeon is not an employee. The surgeon leaves the room, and the technician, who has no training in first assisting, begins to close the wound.

Example 2

The upcoming surgical procedure requires several medications to be drawn up. A surgical technologist comes into the room and offers to draw up the meds for the RN circulator so the RN can go to get the next patient.

Principles of delegation

• The RN takes responsibility for the provision of nursing practice.
• The RN directs care and determines the appropriate utilization of any assistant involved in providing direct patient care.
• The RN may delegate components of care but does not delegate the nursing process itself. The practice-pervasive functions of assessment, planning, evaluation, and nursing judgment cannot be delegated.
• The decision of whether or not to delegate or assign is based upon the RN’s judgment concerning the condition of the patient, the competence of all members of the nursing team, and the degree of supervision that will be required of the RN if a task is delegated.
• The RN delegates only those tasks for which she or he believes the other health care worker has the knowledge and skill to perform, taking into consideration training, cultural competence, experience, and facility/agency policies and procedures.
• The RN individualizes communication regarding the delegation to the nursing assistive personnel and client situation, and the communication should be clear, concise, correct, and complete. The RN verifies comprehension with the nursing assistive personnel and that the assistant accepts the delegation and the responsibility that accompanies it.
• Communication must be a 2-way process. Nursing assistive personnel should have the opportunity to ask questions and/or ask for clarification of expectations.
• The RN uses critical thinking and professional judgment when following the Five Rights of Delegation to be sure the delegation is:
  1. The right task
  2. Under the right circumstances
  3. To the right person
  4. With the right directions and communication and
  5. Under the right supervision and evaluation.
Chief nursing officers are accountable for establishing systems to assess, monitor, verify, and communicate ongoing competence requirements in areas related to delegation.