



# PRECEPTOR COMPLACENCY IN THE OR

The Struggle is Real



## Objective

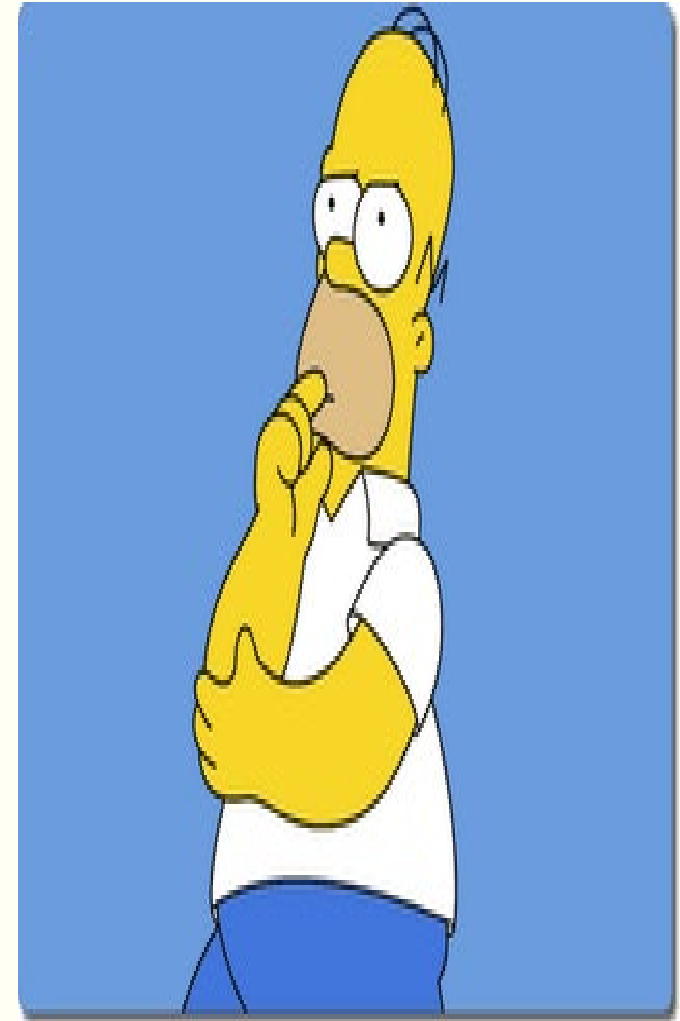
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Understand why preceptors become complacent and discover ways to motivate preceptors to adhere to practice guidelines and how to prevent future CST's from developing complacent behaviors.

# Something to think about?

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- Define complacency
- Define preceptor
- Identify preceptors
- Discover why preceptors become complacent
- Learn how complacency impacts patient safety and care
- Learn how complacent behaviors impact student learning.
- Develop plans to minimize these behaviors





This is country, people!



# The Baby Bird Story

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Proverbs 13:24 Whoever spares the rod hates their children, but the one who loves their children is careful to discipline them.

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# Preceptor Complacency in The OR: The Struggle Is Real

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Complacency is defined by Cambridge dictionary as:

A feeling of calm satisfaction with your own abilities or **situation** that prevents you from trying harder.



# Preceptor Complacency in The OR: The Struggle Is Real

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Bighead

*Self-admiration*

Vaingloriousness

Smugness

Egotism

*Pomposity*

**Lazy** is a very  
strong word. I like to call it  
“**Selective participation.**”



## Preceptor Complacency in The OR: The Struggle Is Real

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“Complacency is both a sneaky and insidious process. It functions much like a bacteria” in that there may be no initial signs of this “disease”. Once the observable changes begin to occur, complacency has gotten a solid and potentially permanent foothold.” – Mike Smith

# Define Preceptor

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A preceptor is defined as a teacher, or someone who trains people how to do a job.





## Who are the preceptors?

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- Surgical technologist or anyone serving in the role of a surgical technologist.
- Circulating RN's
- Surgeon's, CRNA's, Anesthesiologist
- Ancillary Staff
- Sterile Processing Staff
- Educators

GET READY TO CRINGE!!!!

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# Student Accounts of Complacency

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- No eye protection or other proper PPE's in OR and sterile processing (decontamination)
- Not changing masks between cases
- Not counting properly and not counting at all
- Prep dry time not observed (chloraprep or duraprep)
- Staff not performing 1<sup>st</sup> scrub of the day or at anytime of the day.
- Improper labeling and verification of medications (not at all)
- Improper loading and unloading of blades

# Student Accounts of Complacency

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- Turning themselves without asking for assistance.
- Not turning while setting up backtable
- Gowning off backtable
- Breaks in sterile technique – no corrections made
- Food and drinks in the OR
- Doors left open during set up and procedures
- Staff not confirming expiration dates on implants much less any packaged items



# Why do preceptors become complacent?

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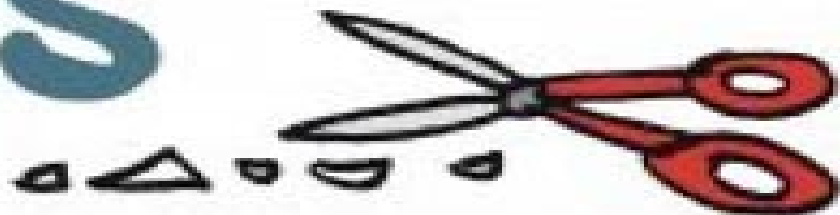
OVERWORKED

UNDERPAID

MULTI  
TASK



STAFF  
CUTS

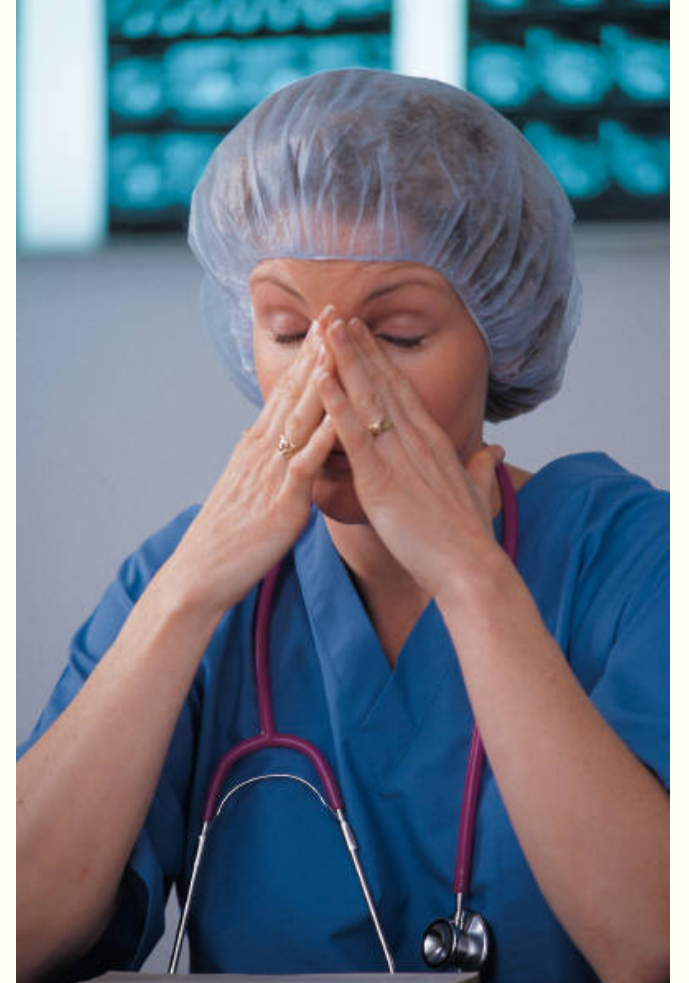


DOWNSIZE

## Why do preceptors become complacent?

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- Hostile work environments
- Stress
- Interrupted breaks and/or no breaks
- Fatigue
- Peer Pressure
- Lack of long term stability
- Underappreciated





What are some of the intense emotional demands that are placed on practitioners in the operating room?



# Preceptor Complacency in The OR: The Struggle Is Real

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Feeling responsible for keeping the peace



# Preceptor Complacency in The OR: The Struggle Is Real

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Difficulty speaking up when things go wrong



# Preceptor Complacency in The OR: The Struggle Is Real

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Conflicted on how to react to emotional abuse

- Verbal Abuse
- Threatening, intimidating or harassing behaviors
- Work interference a.k.a. sabotage
- Gossiping and spreading rumors

This is also known as bullying in the workplace.





## Preceptor Complacency in The OR: The Struggle Is Real

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- 65.6 million U.S. workers are directly impacted by or have witnessed bullying.
- 69 percent of bullies are men
- 57 percent of targets are women
  - women bullies target women in 68 percent of cases.
- It is more common than sexual harassment, and can be direct physical, verbal or indirect bullying.

## Preceptor Complacency in The OR: The Struggle Is Real

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All of the reasons we listed previously are very stressful and can lead to cognitive stress symptoms, which include difficulties with:

- Concentrating
- Making decisions
- Memorizing
- Reflecting (Recall)

How do these stressors impact staff and the surgery environment?

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## How do these stressors effect staff?

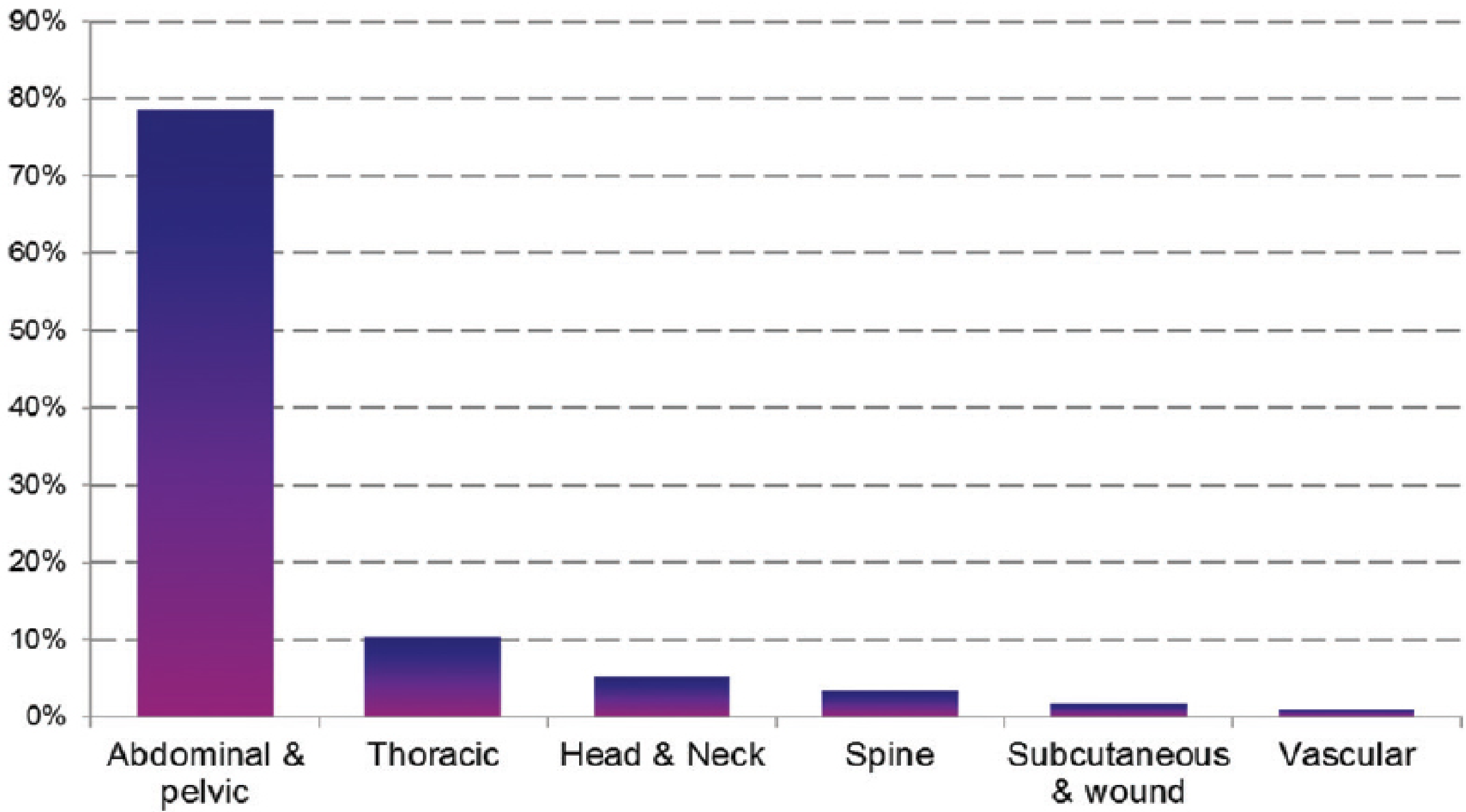
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- Team tension
- Operational performance
- Team efficiency
- Individual confidence in abilities
- Low Self-esteem
- Lower Productivity
- Low Staff Morale

## Impact on Patient Safety and Care

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- Under-reporting of safety and quality concern
- Increased harm (counts: retained surgical items, dry time: potential burns)
- Increased errors (medication labeling)
- Increase infections (contamination)
- Increased cost (staff replacement)



**Incorrect count**  
**Unexpected factors**  
**>1 Surgical team**  
**Counts not done**  
**>1 Sub-procedure**  
**Longer operation**  
**Blood loss >500 mL**



**Increasing RSI Risk**

Variable	Percentage of cases
General categories	
Safety step not documented in medical record	39
Retained item missed on imaging or "tagging"	28
Counts not documented or not performed	17
Safety protocol not followed as intended (e.g., followed but incorrectly)	16
Safety protocol disregarded (e.g., not followed at all)	13
Personnel not familiar with safety procedure/protocol	7
Deficient team communication	6
Deficient item/device tracking	4
SOVs	
Single SOV identified per case	48
More than 1 SOV identified	52
More than 2 SOVs present	25
More than 3 SOVs present	21
More than 4 SOVs identified	6
Error attribution (team vs. individual)	
Individual errors	10
Team errors	70
Combined individual/team errors	20

Data from Stawicki *et al.* Am J Surg 2014;208:65-72. SOVs = Safety omissions and variances



## How can facilities improve?

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- Increase understanding and responsiveness to individual (physician, staff, patient) needs.
- Provide training in diversity, stress, anger, and conflict management.
- Improve communication and collaboration skills.
- Enhance an organizational culture that respects and supports physicians, staff, and patient-centered care.

## Our Students

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Let's talk about how this influences the surgical technology student while in the operating room.

# How do these stressors influence our students learning in the OR?

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- Confusing
  - “Negates what we have been learning, very confusing”
- Disheartened
  - “What is the point of all the rules?”
- Sets the groundwork for complacency
  - “Why should I do it right if they don’t?”
- Negative CST exam outcomes

## How Can Complacency Be Minimized?

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- Take a look at ourselves as educators
- Reinforce the importance of following standards and guidelines with our students.
  - Don't simply teach the standard, explain the consequences and reiterate throughout the program.
- Help students learn what to say and how to react.
- Lecture over professionalism.
- Conduct preceptor training at the hospitals.
- Discuss issues with hospital educators/management.

## Conclusion

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# Granny Lucy Bea & My Mischievous Self

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