# Study Plan

## References Cited in This Plan:

- AORN. (current edition). *Guidelines for perioperative practice*. AORN.

- AORN. (2021). Perioperative nursing: Scope and standards of practice. AORN.

- Phillips, N., & Hornacky, A. (2021). *Berry and Kohn's operating room technique* (14th ed.). Elsevier. (Key=B&K)

- Rothrock, J. C. (Ed.). (2023). *Alexander's care of the patient in surgery* (17th ed.). Elsevier. (Key=Alexander's)

- AORN Position Statements and endorsed documents found at: http://www.aorn.org/guidelines/clinical-resources/position-statements

## Additional References/Management Textbooks:

- Kaye, A. D., Urman, R. D., & Fox, C. J. III. (Eds.). (2019). *Operating room leadership and management* (2nd ed.). Cambridge University Press.

- Knighten, M. L. & Waxman, K. T. (Eds.). (2024). *Penner's economics and financial management for nurses and nurse leaders* (4th ed.). Springer Publishing Company.

Disclaimer: This is a guide to assist you in preparing for the CSSM exam. It is not intended to be all inclusive, but rather a guide to assist you in planning your study.

# Subject Area 1: Communication & Relationship Management (18%)

## Primary General Readings:

- Kaye, A. D., Urman, R. D., & Fox, C. J. III. (Eds.). (2019). *Operating room leadership and management* (2nd ed.). Cambridge University Press. – Chapters 1, 4, 5, & 6

| Knowledge Statements | Tasks | Additional Readings |
|---|---|---|
| 1. Negotiation techniques (e.g., win-win, building trust) | 1. Utilize negotiation skills in an interprofessional environment. | AORN Guideline<br>- Team Communication<br><br>Phillips, N., & Hornacky, A. (2021). *Berry and Kohn's operating room technique* (14th ed.). Elsevier. – Chapter 1 (pp. 10-12)<br><br>The Joint Commission (TJC): TJC<br><br>Riley, J. B. (2023). *Communication in nursing* (10th ed.). Elsevier.<br><br>Daft, R. L. (2022). *The leadership experience* (8th ed.). Cengage Learning |
| 2. Emotional intelligence/quotient | 2. Establish and foster a collaborative relationship while understanding the differences among the disciplines (e.g., vendors/industry representatives, ancillary, management, and professional staff). | |
| 3. Coaching and effective/timely feedback | 3. Facilitate teamwork, cooperation, and collaboration amongst all stakeholders throughout the continuum of care. | |
| 4. Listening skills (e.g., active, deep) | 4. Evaluate the continuous improvement and effectiveness of relationship management within the perioperative departments (e.g., Central/Sterile Processing and OR) and between departments (e.g., PACU and Nursing Units). | |
| 5. Techniques for conflict and problem resolution (e.g., crucial conversations/confrontations) | 5. Communicate organizational mission, vision, values, and goals (e.g., decisions, plans, and activities) in a way that clearly links them to perioperative services. | |
| 6. Verbal and non-verbal communication | 6. Foster an environment that promotes openness, trust, and a culture of safety (e.g., debriefing, checklists, hand-off reports). | |
| 7. Computer literacy and etiquette (e.g., use of e-mail, word-processing and spreadsheet software, perioperative informatics and reports) | 7. Disseminate relevant information about decisions, plans, and activities to people who need the information. | |
| 8. Team building and relationship management strategies | 8. Create an environment that encourages a culture of safety, openness, and trust. | |
| 9. Culture of safety (e.g., | 9. Utilize technology and | |

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| environment where it is safe to speak up, just culture, stop the line) | communication tools effectively, securely, and appropriately (e.g., e-mail, social media, texting/messaging, images). | |
| 10. Communicating with diverse groups (e.g., culture diversity, educational level differences, generational differences, flattened hierarchy) | | |
| 11. Mission, vision, values, goals, what they represent and how they relate to the perioperative setting | | |
| 12. Organizational culture and political forces and how to stakeholder identification | | |
| 13. Assessment/evaluation techniques (e.g., patient and/or family; interprofessional healthcare providers) | | |
| 14. Customer service (e.g., service recovery) | | |

# Subject Area 2: Strategic Management (12%)

## Primary General Readings:

- Kaye, A. D., Urman, R. D., & Fox, C. J. III. (Eds.). (2019). *Operating room leadership and management* (2nd ed.). Cambridge University Press. – Chapters 3 & 30

| Knowledge Statements | Tasks | Additional Readings |
|---|---|---|
| 1. Process improvement techniques and tools | 1. Plan, implement and evaluate process improvement programs (e.g., lean, six-sigma). | The Joint Commission (TJC): TJC<br><br>DNV: DNV |
| 2. Elements of a strategic plan (organizational, facility and department level) | 2. Develop and/or participate in a perioperative strategic plan (e.g., growth initiative, capital requirements). | Accreditation Association for Ambulatory Health Care (AAAHC): AAAHC |
| 3. SWOT analysis (strengths, weaknesses, opportunities, and threats) | 3. Execute and/or manage a physical facility plan (e.g., space, equipment storage, throughput). | American Association for Accreditation of Ambulatory Surgery Facilities (AAAASF) QUAD A: QUAD A |
| 4. Project management techniques | 4. Contribute to organizational plan for external designations (e.g., Malcolm Baldrige, centers of excellence, ANCC Magnet) | Institute of Medicine [IOM] (National Academy of Medicine): NAM |
| 5. Capital requirements long-range forecasting | 5. Perform a gap analysis of perioperative services. | AORN Guideline<br>- Product Evaluation |
| 6. Master facility plan characteristics and requirements (e.g., FGI, OSHA, CMS) | 6. Develop action plans based on accreditation and regulatory survey results. | Albert, N. M., Pappas, S., Porter-O'Grady, T., & Malloch, K. (2022). *Quantum leadership: Creating sustainable value in health care* (6th edition). Jones and Bartlett Learning. |
| 7. Current and proposed federal and state legislation and regulations (e.g., Affordable Care Act (ACA), Certificate of Need (CON), CMS, scope of practice, FDA) | 7. Analyze and respond to external factors that impact perioperative services (e.g., NHSN, Affordable Care Act, Medicare/Medicaid initiatives, surgical process measures, public reporting). | Carroll, R. (series ed.). (2011). *Risk management handbook for healthcare organizations. Vol 1* (6th ed.). Jossey-Bass. |
| 8. Accreditation requirements (e.g., TJC, DNV, AAAHC, AAAASF) | 8. Contribute to, implement, and manage organization's decisions related to technology initiatives (e.g., EMR, electronic interfaces). | Klainberg, M., & Dirschel, K. M. (2010). *Today's nursing leader: Managing, succeeding, excelling*. |
| 9. National advisory boards' recommendations (e.g., Institute of Medicine [IOM], Citizen's Advisory Council [CAC]) | | |
| 10. How to perform a gap analysis | | |

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| 11. How to write an action plan (e.g., SMART goals) | | Jones & Bartlett Publishers. |
| 12. Requirements to meet organizational plan for recognition (e.g., Malcolm Baldrige Award, centers of excellence, ANCC Magnet) | | Roussel, L. A., Thomas, P. L., & Harris, J. L. (Eds.). (2023). *Management and leadership for nurse administrators* (9th ed.). Jones & Bartlett Learning. |
| 13. Information technology impacts (e.g., EMR, hardware and software implications, employee preparation, readiness assessment, downtime procedures, system integration) | | |
| 14. How and when to retrieve and use specific data | | |

# Subject Area 3: Financial Management (15%)

## Primary General Readings:

- Kaye, A. D., Urman, R. D., & Fox, C. J. III. (Eds.). (2019). *Operating room leadership and management* (2nd ed.). Cambridge University Press. – Chapters 8, 9, 16, 17, & 27
- Knighten, M. L. & Waxman, K. T. (Eds.). (2024). *Penner's economics and financial management for nurses and nurse leaders* (4th ed.). Springer Publishing Company. – Chapters 2, 3, 4, 5, 6, 7, 8, 9, 10, & 13

| Knowledge Statements | Tasks | Additional Readings |
|---|---|---|
| 1. Elements of capital, operating and staffing budgets and processes | 1. Prepare and/or manage perioperative budgets (e.g., capital, operations, staffing). | Baker, J. J., Baker, R. W., & Dworkin, N. R. (2018). *Health care finance: Basic tools for nonfinancial managers* (5th ed.). Jones & Bartlett Learning. |
| 2. Indicators to measure fiscal performance (e.g., efficiencies of operation) | 2. Identify, develop and/or implement cost management strategies. | |
| 3. Variance analysis (e.g., salary, temporary contract, non-salary) | 3. Develop, interpret, and/or present perioperative financial reports. | Jones, C. B., Finkler, S. A., Kovner, C. T., & Mose, J. N. (2019). *Financial management for nurse managers and executives* (5th ed.). Elsevier Saunders. |
| 4. Productivity (e.g., hours worked by staff compared to workload standard) | 4. Analyze variances and outcomes to create action plans | |
| 5. Cost concepts (e.g., direct, indirect; fixed and variable cost; procedure costing; allocated costs; overhead, depreciation) | 5. Collaborate with supply chain management for the perioperative organization (e.g., par levels, order, and inventory process). | Nowicki, M. (2022). *Introduction to the Financial Management of Healthcare Organizations* (8th ed.). Health Administration Press. |
| 6. Revenue concepts (e.g., return on investment (ROI), cashflow, margins, payor) | 6. Participate in the analysis of cost and revenue (e.g., per case margin, return on investment (ROI)). | |
| 7. Information/elements used to write a proforma | 7. Participate in revenue cycle management. | |
| 8. Inventory management, (e.g., markups, consignment, just in time, group purchasing organization, value analysis and standardization, implants) | 8. Collaborate to manage contracts (e.g., vendors, supplies, staffing, inventory, outside services, insurance). | |
| 9. Contracts and legal terms (e.g., standard business language, conflict of interest) | 9. Participate in computing cost-benefit ratios and developing proformas (e.g., new technology, new service lines, hybrid ORs). | |
| 10. Techniques for environmental management (e.g., recycling, | 10. Implement environmental sustainability initiatives (e.g., go | |

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| reprocessing, repurposing) | green). | |
| 11. Benchmarks, key performance indicators (KPI), metric terminology and concepts (e.g., start time, turnover, block management, OR utilization) | | |
| 12. Pay for performance (e.g., HCAHPS, value-based purchasing, readmissions, infections, serious reportable events) | | |
| 13. Reimbursement codes (e.g., CPT, ICD) | | |
| 14. Service line structure and management (e.g., cardiac, neurosurgery, gyn, plastic surgery, ambulatory surgery) | | |
| 15. Current health care bills/laws affecting the perioperative financial environment (e.g., Medicare reimbursement) | | |
| 16. Supply chain management | | |

# Subject Area 4: Human Resource Management (12%)

## Primary General Readings:

- Kaye, A. D., Urman, R. D., & Fox, C. J. III. (Eds.). (2019). *Operating room leadership and management* (2nd ed.). Cambridge University Press. – Chapter 2

| Knowledge Statements | Tasks | Additional Readings |
|---|---|---|
| 1. Concepts of staffing models and how to evaluate the current environment to determine the most appropriate care model (e.g., staff type and ratio, theoretical model) | 1. Identify and continuously assess staffing models (e.g., techs, RNs, first assists). | McConnell, C. R. (2019). *Human resources management in health care: Principles and practice* (3rd ed.). Jones & Bartlett Learning. |
| 2. Work scheduling process | 2. Plan, schedule and assign work to staff according to on-going needs, skill set, and scope of practice. | Pynes, J. E., & Lombardi, D. N. (2011). *Human resources management for health care organizations: A strategic approach.* Jossey-Bass. |
| 3. Staff competencies in relation to work scheduling (e.g., acuity of the case, experience, availability, staff licensing privileges) | 3. Describe and discuss with staff their job responsibilities, priorities, deadlines, and performance expectations. | AORN Position Statements:<br>• Perioperative Safe Staffing and On-Call Practices<br>• Healthy Perioperative Practice Environment |
| 4. Human resources procedures and processes (e.g., writing a job description, hiring; performance evaluation, staff retention, staff incentives including pay and promotion, performance documentation, disciplinary actions including Termination, grievance process) | 4. Recruit, hire, orient, and retain perioperative personnel. | • Perioperative Registered Nurse Circulator Dedicated to Every Patient Undergoing an Operative or Other Invasive Procedure<br>• APRNs in the Perioperative Environment<br>• RN First Assistants<br>• Role of the Health Care Industry Representative in Perioperative Settings |
| 5. Awareness of how to operate in a union environment, if applicable | 5. Participate in and/or conduct inter- and intradepartmental performance management. | |
| 6. Hiring techniques (e.g., interviewing, skills testing, team and culture fit) | 6. Recognize effective performance and demonstrated competence (e.g., reward, recognition, "employee of the month," pay increases, promotion). | |
| 7. Federal, state, and local laws and regulations pertaining to human resources (e.g., FMLA, FSLA, workers comp, ADA) | 7. Assign personnel and resources effectively to accomplish a special task or project. | |

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| 8. Staff development (e.g., staff orientation and training programs, competency, educational opportunities, post-performance review goals and action plans, adult learning theory) | 8. Facilitate career counseling and support continuous professional development (CPD), lifelong learning and/or career advancement. | |
| 9. Policies for vendors and contracted employees, (e.g., delivered equipment, product training, credentialing) | 9. Establish and maintain appropriate job descriptions, evaluation tools and/or core competencies. | |
| 10. Benefits and compensation (e.g., EAP, grief counseling, substance abuse counseling, pay strategies such as pay for performance, clinical ladders) | 10. Oversee training and/or orientation process and programs tailored to individual needs assessment (e.g., residency, job-shadowing, on-boarding, cross training). | |
| 11. Job requirements (e.g., licensure, certification, delineation of privileges) | 11. Develop a strategic plan for recruitment, retention, and succession planning. | |
| 12. Conflict management and resolution | 12. Monitor individual certifications/licenses and delineation of privileges required, and ensure that they are current (e.g., CNOR, RN, BLS, ACLS, provider credentialing). | |
| 13. Employee recognition strategies | 13. Facilitate the constructive resolution of conflict (e.g., address behavior that undermines the culture of safety, lateral violence). | |

# Subject Area 5: Operational Management (18%)

## Primary General Readings:

- Kaye, A. D., Urman, R. D., & Fox, C. J. III. (Eds.). (2019). *Operating room leadership and management* (2nd ed.). Cambridge University Press. – Chapter 9

| Knowledge Statements | Tasks | Additional Readings |
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| 1. Risk management and interpretation of legalities (e.g., informed consent, HIPAA, minors, next of kin, durable power of attorney, emancipated minor) | 1. Continuously assess and maintain safe conditions affecting patient care and the clinical environment of care (e.g., OR environmental controls, fall prevention, infection control). | Association for the Advancement of Medical Instrumentation Standards [AAMI]: AAMI (The book should be accessible in your SPD department.) |
| 2. Documentation requirements for report submission (e.g., compilation of data, surgical process measures, performance improvement, NSQIP, sentinel events, root cause analysis [RCA]) | 2. Define and integrate departmental processes for emergency management with organizational processes (e.g., fire drills, natural disasters, surgical fires). | Centers for Medicare and Medicaid Services (CMS): CMS Occupational Safety and Health Administration (OSHA): OSHA |
| 3. How to extract, interpret, and use data | 3. Collaborate with Biomedical Engineering to facilitate equipment maintenance and record keeping, according to manufacturer's instructions for use (IFUs). | AORN Position Statement: • Patient Safety AORN Guidelines (examples include but are not limited to the following): |
| 4. Facility policies, procedures, and documentation for patient flow (throughput) | 4. Coordinate resources to match the OR schedule and patient needs (e.g., equipment conflict resolution, stock on hand, charge capture process). | • Electrosurgical Safety • Environmental Cleaning • Environment of Care • Flexible Endoscopes • Hand Hygiene |
| 5. Clinical environment of care (e.g., temperature, humidity, air flow, HVAC, OSHA, EPA, traffic patterns) | 5. Establish and maintain a preference card process. | • High-level disinfection • Instrument Cleaning • Information Management • Laser Safety • Minimally Invasive Surgery • Packaging Systems • Patient Skin Antisepsis • Radiation Safety • Sterilization   Surgical Attire • Transmission-based Precautions |
| 6. Infection prevention (e.g., knowledge of Infection Control Risk Assessment (ICRA), disinfection, sterilization, hand hygiene, attire, isolation, appropriate skin antisepsis, cleaning, occupational exposure plan, MDROs) | 6. Manage perioperative patient care across the health care continuum (e.g., patient information, pre-op testing and post-op care). | Related readings in the following |

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| 7. Central/Sterile Processing guidelines (e.g., AAMI, AORN, etc.) relating to decontamination and sterilization of instruments, immediate use steam sterilization (IUSS), biological and chemical indicators, etc. | 7. Aggregate operational data and information, analyze and prepare/submit reports, track trends, evaluate findings and make recommendations and/or improvements (e.g., productivity, cancellation rates, delays, start times, turnover time, OR utilization, block management). | perioperative textbooks:<br>• Phillips, N., & Hornacky, A. (2021). *Berry and Kohn's operating room technique* (14th ed.). Elsevier.<br><br>• Rothrock, J. C. (Ed.). (2023). *Alexander's care of the patient in surgery* (17th ed.). Elsevier. |
| 8. Equipment management (e.g., preventative maintenance, consignment, loaner instrumentation, rental) | 8. Maintain compliance with requirements of regulatory, payor and accreditation agencies (e.g., TJC, FDA, OSHA, CMS, DOT, DNV, AAAHC). | Kenney, C. (2011). Transforming health care: Virginia Mason Medical Center's pursuit of the perfect patient experience. Productivity Press, Taylor & Francis Group. |
| 9. Laser, radiation, magnet, and chemical safety (e.g., ANSI, OSHA, state requirements) | 9. Create, maintain, and enforce policies and procedures based on current evidence-based practice. | |
| 10. Standards, guidelines and recommended practices related to perioperative care and practice (e.g., AORN, ASPAN, SGNA) | 10. Collaborate with Central/Sterile Processing to ensure departmental and patient needs are met. | Toussaint, J., & Barnas, K. (2021). *Becoming the change: Leadership behavior strategies for continuous improvement in healthcare.* McGraw Hill. |
| 11. Environmental emergency response and emergency management plans (e.g., internal and external disasters, emergency power, shut off valves, anesthesia, trace gas) | 11. Conduct risk assessments (e.g., root cause analysis (RCA), failure mode and effects analysis (FMEA), safety surveys) to address and prevent adverse events (e.g., wrong site surgery, malignant hyperthermia). | |
| 12. Inventory management concepts (e.g., expired items, par levels, rotation of stock, process for physical inventory, asset management) | | |
| 13. Preference card management | | |
| 14. Patient care across the continuum (e.g., flow of patient, needs of the patient, family issues, pre- and post-op planning) | | |
| 15. Federal, state, and local laws pertaining to compliance, accreditation and regulatory standards and requirements | | |
| 16. How to write policies/procedures | | |

# Subject Area 6: Leadership
## (15%)

### Primary General Readings:

- Kaye, A. D., Urman, R. D., & Fox, C. J. III. (Eds.). (2019). *Operating room leadership and management* (2nd ed.). Cambridge University Press. – Chapter 1

| Knowledge Statements | Tasks | Additional Readings |
|---|---|---|
| 1. Leadership styles | 1. Provide direction to staff regarding task completion, including appropriate delegation. | Huston, C. J. (2024). *Leadership roles and management functions in nursing: Theory and application* (11th ed.). Wolters Kluwer. |
| 2. Group dynamics | 2. Implement solutions and resolve crises. | |
| 3. Setting and implementing goals and evaluating goal achievements | 3. Facilitate change by using motivational techniques/change management processes that generate enthusiasm, commitment and compliance, promote innovation and implement strategic initiatives. | Roussel, L. A., Thomas, P. L., & Harris, J. L. (Eds.). (2023). *Management and leadership for nurse administrators* (9th ed.). Jones & Bartlett Learning |
| 4. Problem identification and resolution/ crisis management | 4. Participate in organizational and/or facility level committees. | Vana, P. K., & Tazbir, J. (Eds.). (2021). *Kelly Vana's Nursing leadership & management* (4th ed.). Wiley. |
| 5. Appropriate delegation (e.g., what can be delegated; to whom it can be delegated) | 5. Perform an on-going environmental scan and utilize outcomes from engagement surveys to continuously improve the culture of the work environment. | |
| 6. Organizational structure and chain of command | 6. Facilitate productive meetings and ensure adequate dissemination of meeting information. | |
| 7. Motivational techniques | 7. Participate in projects serving as a leader or subject matter expert. | |
| 8. Change management process and techniques | 8. Facilitate effective mentoring. | |
| 9. Coordination of ancillary support staff and equipment | | |
| 10. Components of and resources of professional development (e.g., certification, organization practices and resources) | | |
| 11. Advocacy for staff, patients, physicians, union, other departments (e.g., when to intervene) | | |

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| 12. Elements of an environmental scan and how to use the information | | |
| 13. Meeting facilitation techniques (e.g., agenda preparation, redirection, Robert's Rules of Order, follow-up, minutes, committee charters) | | |
| 14. Perioperative research and evidence-based practice | | |
| 15. Employee engagement, process, scores, and action planning | | |
| 16. How to coach and/or mentor | | |
| 17. Succession planning tools and techniques | | |
| 18. How to identify and develop preceptors (e.g., skills required) | | |

# Subject Area 7: Professionalism
# (10%)

## Primary General Readings:

- AORN. (2017). *AORN's Perioperative explications for the ANA Code of Ethics*. Found at www.aorn.org, (member access only).

| Knowledge Statements | Tasks | Additional Readings |
|---|---|---|
| 1. Application of evidence-based practice | 1. Uphold and act upon established ethical and professional standards (e.g., perioperative explications of ANA Code of Ethics). | Huston, C. J. (2024). *Leadership roles and management functions in nursing: Theory and application* (11th ed.). Wolters Kluwer.<br><br>Yoder-Wise, P. S., & Sportsman, S. (Eds). (2023). *Leading and managing in nursing* (6th ed.). Elsevier. |
| 2. Ethics related to the continuum of care (e.g., AORN Explications for Perioperative Nurses, ASPAN Professional Guidelines, State Nurse Practice Act, ANA Code of Ethics, Code of Conduct, organizational) | 2. Conduct an ongoing self-assessment and pursue professional development opportunities. | |
| 3. Core elements of practice and standards for all disciplines in a perioperative setting (e.g., CST, CRNA, RNFA, CSFT, AA, RN, providers) | 3. Maintain active involvement in professional organizations. | |
| 4. Professional organizations associated with the perioperative environment (e.g., CCI, AORN, ASPAN, IAHCSMM, AST) | 4. Foster a culture of mutual accountability and shared governance. | |
| 5. Medical volunteerism (e.g., mission trips, health fairs) | | |
| 6. Shared governance | | |
| 7. Self-assessment | | |