

Developing Alternative Educational Modalities for the Operating Room

Jill N. Rothermel RN

Lehigh Valley Health Network, Jill_N.Rothermel@lvhn.org

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Published In/Presented At

Rothermel, J. (2014, March 28-April 2). *Developing alternative educational modalities for the operating room*. Poster presented at: The Association of periOperative Registered Nurses (AORN) Surgical Conference & Expo 2014, Chicago, IL.

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Developing Alternative Educational Modalities for the Operating Room

Perioperative Services

Lehigh Valley Health Network, Allentown, Pennsylvania

Problem Statement:

Historically, the Perioperative Services Department at Lehigh Valley Health Network held weekly in-services every Tuesday morning from 0700-0730. These in-services caused a late start for surgeries on that day. Our hospital system decided that consistent, on-time first case starts every day of the week would be more favorable for our patient satisfaction and our schedule; thus eliminating the weekly morning in-services.

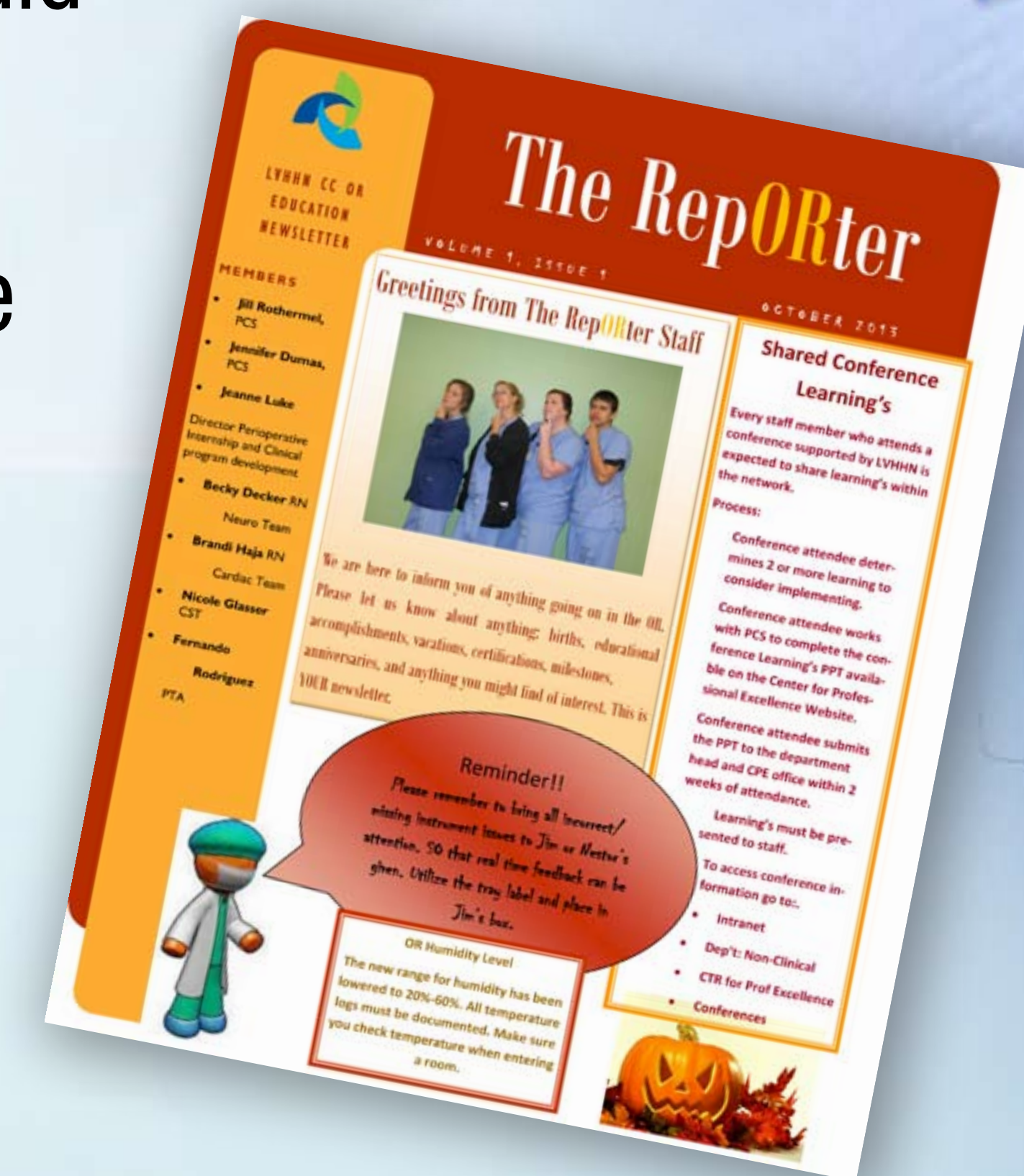
Goals/Purpose:

Education for the staff that routinely was completed at the weekly staff meeting needed to continue to occur. The educators (Patient Care Specialists) in the OR made every effort to include the staff in the decision making process for alternative education modalities.

Methodology:

The Patient Care Specialists enlisted the help of the Education Committee which is comprised of members of each of the specialty teams in the OR. The Education Committee members were instrumental in involving the staff from the individual specialty teams to develop alternative ways to achieve education in place of in-services on Tuesday mornings.

Some of the ideas that staff provided were: Saturday in-services, video in-service which would play in the lounge, TLC online modules, keep the morning in-service, afternoon in-services, pamphlets and handouts. Engaging staff in the decision making process was paramount for success. Staff were polled at one of the last Tuesday morning in-services that were held. The choice of afternoon in-services received the majority of votes from staff. Sixty-two percent of the staff were in favor of maintaining face to face in-services and agreed that afternoon timeframes would work well. A committee was also formed to create an educational newsletter that encouraged staff involvement by RN's, CST's, and Technical Partners.

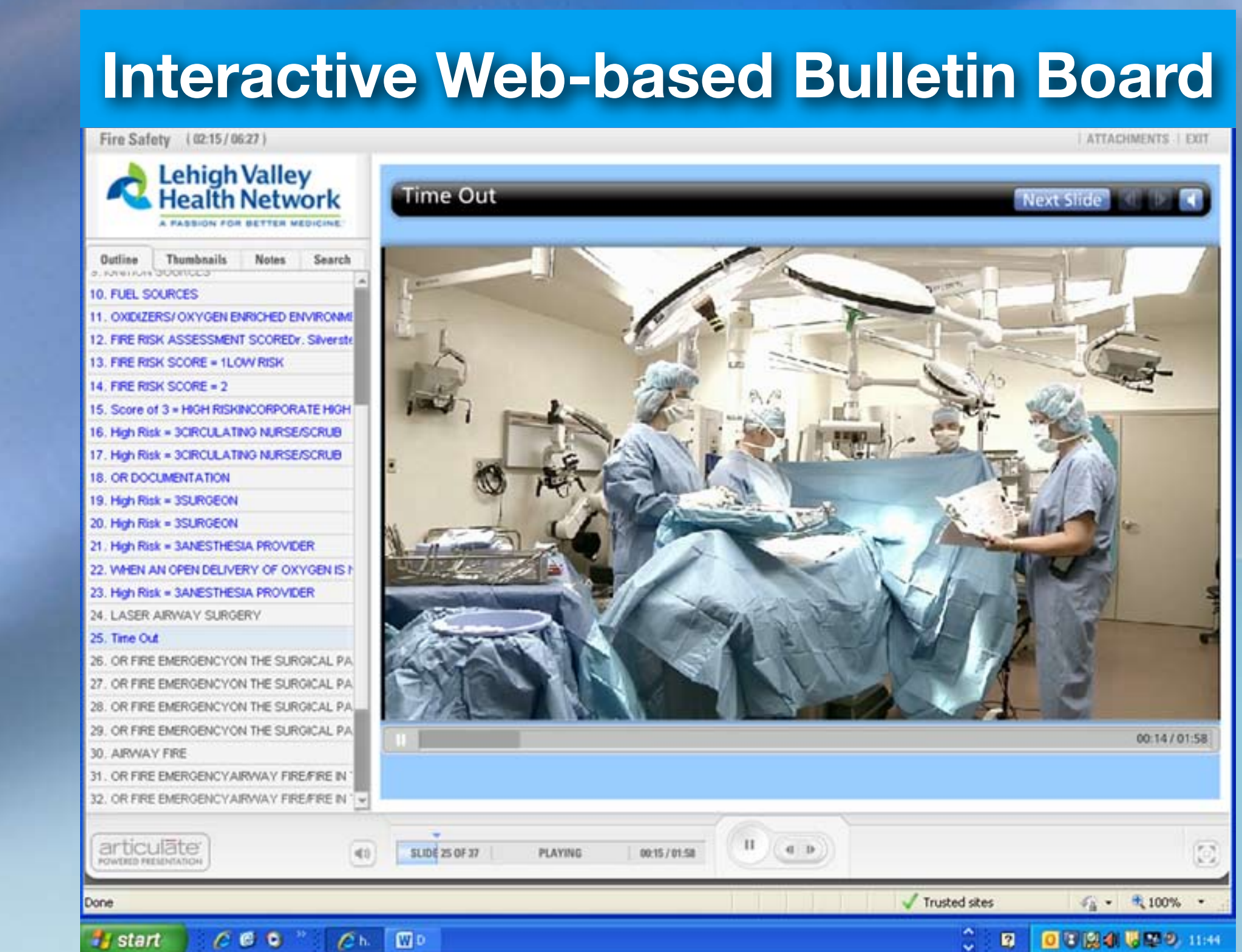
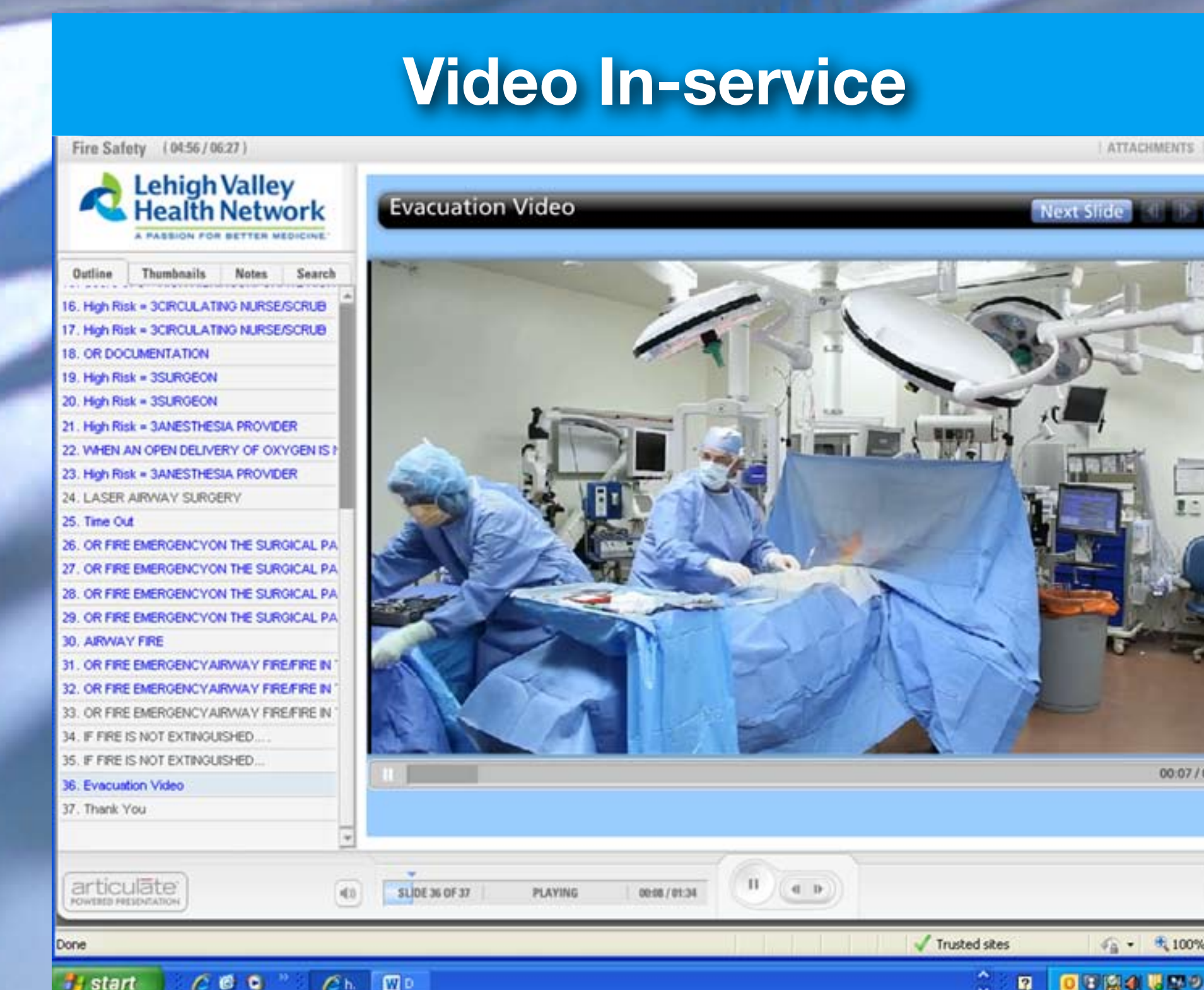


Evaluation/Results:

The Patient Care Specialists (PCS) developed the convenient times for afternoon in-services based on scheduling and shift changes. The times which have worked best are 1330-1400 and 1430-1500. This timing allows for staff to relieve each other from rooms and also conclude the in-service in time for change of shift at 1530. The PCS' have found that after a four month trial period, these times work best when two days in a row are utilized. Staff involvement in meetings has increased by 20% as compared to the prior Tuesday in-service attendance. Staff have been satisfied with the afternoon in-services and feel that the education provided in smaller groups allows for more hands on experiences and time for questions.

Results: Staff Survey

	Morning % First Choice	Afternoon % First Choice	Morning % Second Choice	Afternoon % Second Choice
Video and PowerPoint in OR Classroom	16%	8%	43%	36%
Pamphlets, Handouts	3%	15%	5%	14%
On TLC	12%	8%	10%	14%
Afternoon Meetings at 1300 and 1400	60%	62%	26%	21%
SharePoint Site-interactive Web-based Bulletin Board	9%	8%	16%	14%



- Set-Up**
 - Cardiac basic tray
 - Major custom pack
 - Drape: V/V thyroid drape
 - 8mm Hemashield Vascular graft for A/V
 - Prolene suture 5-0 RB-1 for A/V
 - Vessel loops for A/V
- Venous/Venous Procedure**
 - Image necessary
 - Needle stick of vessel
 - Guidewire through needle
 - Dilator over guidewire
 - Cannula over guidewire
 - Secure pump line circuit to patient and drape with line plate
 - Clamp and cut pump lines when given approval by perfusion
 - Attach venous and arterial pump lines to cannula
 - Secure cannula with heavy suture (B1 Ethibond)
 - Secure pump lines with Dale catheter strap
 - Tagsterm CHG dressing on cannula site

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