Didactic Education and Its Effect on the New RNs Comfort Level in the Care of Thoracotomy Patients

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Background/Significance

- The Open Heart unit and Transitional Open heart unit care for numerous thoracotomy patients on a daily basis. The needs for both units include increased education available for registered nurses. Currently there is no set protocol for the care of these specific patients.
- I conducted an evidence based literature search to find evidence to support the use of didactic education leads to positive learning outcomes. This search indicated that didactic education enables learners to process the information and leads to better clinical process outcomes.

Purpose

- Does the addition of didactic education compared to only precepted clinical education increase the comfort level of new graduate RNS caring for thoracotomy patients?

P: New registered nurses caring for thoracotomy patients

I: Didactic education on the post operative care of thoracotomy care

C: Registered Nurses who only had precepted clinical education/experience with this specific patient population

O: An increase in comfort of the new graduate RNS caring for thoracotomy patients

Evaluation

- Barriers for this project includes staff participation and readiness for education. These obstacles could have been avoided with providing staff with more time to complete surveys.
- The educational PowerPoint created through this project will now be a required training tool for all new graduates/new hires on the open heart unit and transitional open heart unit. The PowerPoint I created will remain on both units to be used as a reference at all times.

Pre-education Data

- How comfortable do you feel caring for a patient with a fresh thoracotomy?

Post-education Data

- How comfortable do you feel caring for a patient with a fresh thoracotomy?

References

Bluestone, Julia; Johnson, Peter; Fullerton, Judith; Carr, Catherine; Alderman, Jessica; BonTempo, James. Effective In-Service Training Design and Delivery: Evidence-Based Integrative Frameworks. Human Resources for Health. 2013.
Lung surgery (via thoracotomy) CPM guidelines

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