

Operation Education: Going Out of the Comfort Zone and Diving in to New Horizons

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Operation Education: Going Out of the Comfort Zone and Diving in to New Horizons

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Introduction

- A community-based Level 1 trauma center can almost be expected to have a multitude of surgical specialties. With so many specialties, in one particular learning hospital, Registered Nurses (RNs) and Certified Surgical Technologists (CSTs) are split up into different specialty teams. From neurosurgery to cardiothoracic, orthopedics and burns, with over 100 employed RNs and CSTs working daily (and often around the clock) within 25 operating rooms it is almost impossible for every individual to know all aspects of each surgical domain. Most of the time RNs and CSTs are only working within their defined surgical specialty and don't have all the experience necessary across the broad spectrum of specialties this hospital has to offer. At times there is the need for RNs and CSTs to go out of their comfort zone and work in other specialties they are not as familiar with, as the ratio of specialty cases to regular workers within that specialty is not always consistent from day to day and often fluctuates. With these aspects in mind, it was recognized that an intervention for mass education was necessary.

Vision Statement

- There was a concern that there are certain major key points to each specialty that is necessary for one to know when put into that specialty that the knowledge of many RNs and CSTs were lacking outside of their defined specialty teams. An education committee compiled of RNs, CSTs, educators and OR managers decided to make a change about this. The plan was to take a major key point from each specialty that was necessary to know if someone was put into that specialty and not familiar with, and provide mass education to the entire OR.

Methodology

- The idea of this mass education was brought to each of the specialty teams and they were asked what subject matter they would want others to know when coming into their specialty as a visitor that would be very easy to communicate and not take a whole lot of time.
- The subject matter was compiled and it was decided for each specialty team to have 2 days in one month to present their topic at an education table in the afternoon in an area highly trafficked around the OR and greatly accessible to all.

Specialty Team education topics included:

Neurosurgery Team

- How to put the craniotomy headrest together.

Orthopedic Team

- The steps and instrumentation used for the procedure of placing a femoral nail.

Evening Team

- “**Trauma tips and tricks,**” with quick-time education on various applications for use in traumas, such as identification and locations of trauma specialty instruments, how to load a pledget and special documentation for traumas.

OBGYN Team

- Usage and setup of dilation and evacuation machine.

Vascular Team

- Demonstration of the usage of the emergency cart for endovascular abdominal aortic aneurysms and thoracic endovascular aneurysm repair.

Discussion and Conclusion

- There were positive results in regards to the education activities and many that had the opportunity to learn reported being more comfortable with their new skills when using them in their specialties outside of their norm.
- For perioperative nursing as a whole, this mode of assessment and education can be greatly beneficial as one knows it is difficult to get all of the information out there to educate all RNs and CSTs with a busy operating room schedule and a multitude of surgical specialties.