‘Education Day for Surgical Services’ hones skills, builds team spirit

For the past 3 years, Tanner Health System has conducted “Education Day,” a mandatory perioperative skills course that supplements online courses, in-services, and other types of education. Staff attend the half-day course on a Saturday in early January to learn about complicated high-risk, low-volume, problem-prone procedures as well as new policies and procedures.

Using this relatively slow period for refresher education has proved to be an affordable way to boost skills and build a more cohesive team.

“Each instructor has an achievable amount of specific objectives to cover in 5 or 10 minutes,” explains DeNene Cofield, BSN, RN, CNOR, director of surgical services. “It’s a very focused patient safety refresher. The staff hate coming in on a Saturday, but at the end of the day, we hear, ‘I didn’t want to come, but I’m so glad I did because I learned a lot.’”

Tanner, a nonprofit regional health system serving west Georgia and east Alabama, includes a 211-bed acute care facility (Tanner Medical Center/Carrollton in Carrollton, Georgia) as well as two smaller acute care and critical access facilities (Villa Rica in Villa Rica, Georgia, and Higgins General Hospital in Bremen, Georgia).

Under the leadership of Cofield and Anne Medlin, BSN, RN, CNOR, perioperative nurse educator, Education Day was developed to provide a comprehensive basic skills overview for perioperative services staff from all three facilities.

Getting started
Previously, hospital skills day education had focused on patient care unit nursing rather than peri-operative services. “Members of the surgical services and gastrointestinal clinical practice councils, consisting of managers and clinical staff nurses, were tasked with developing a curriculum to address areas needing improvement or to correct problems at some of the facilities,” Cofield says.

As part of the annual review process at Tanner, each team has three goals and each individual has three personal goals, Cofield explains. “Many staff have goals about becoming knowledge experts on a specific policy or piece of equipment or process,” she says. These individuals become departmental education specialists and ultimately teach a session on Education Day.
“Sterile processing technicians are very effective teachers, and all are certified in sterile processing; they understand their processes well, so they can teach IUSS [immediate-use steam sterilization] as well as other aspects of the department,” Cofield notes.

Vendors also participate. “Most vendors will provide this education free of charge as a value-added service and for the additional exposure it gives them to the staff,” Cofield says. “One year we had our laser contractor here; this year, we had our Cell Saver contractor here. Often times, if the leadership team is reviewing a problematic issue, they will add an item to the Education Day agenda, but most of the ideas come from the practice council.”

Setting up and implementing
Surgical Services at Tanner Medical Center consists of a 23-room short stay area, a large postanesthesia care unit (PACU), a state-of-the-art sterile processing area, 11 ORs, and three multispecialty rooms for endoscopy and other minor procedures. For Education Day, the PACU was used for code cart demonstrations and two of the ORs were used for orthopedic demonstrations. In addition, three rooms were used for endoscopy education including scope reprocessing.

This year, 105 staff members participated. Each short-stay room was converted into individual classrooms. “We took all the staff to the clinical space, so the thermal ablation demonstration was in one room, and the next room had a Cell Saver overview, and so on,” Cofield says.

Two staff members were assigned to each station so that they could take turns teaching and going through the stations, Medlin explains. “Not everyone had to go to every station. This was designed for education, not a competency, so presentations were limited to 5 to 15 minutes. Most were done in under 10 minutes, and they were constantly being repeated.”

Team members were assigned to certain stations based on their roles; for example, clinical technicians, surgical technologists, and nurses in the OR worked with the positioning table—how to set it up, clean it, and position patients properly. Similarly, endoscopy reprocessing was required for all employees who work in endoscopy.

Each station typically has a 5 to 1 ratio of “students” to “teacher,” or sometimes even a 1 to 1 ratio, Cofield explains. At some stations, especially the high-acuity stations like the Cell Saver, by 10 or 11 am, the teacher begins to get a breather because not all staff are assigned to such stations.

At this year’s stations, teaching included:
- demonstrations of complex orthopedic positioning, including spine and fracture tables
- code cart reviews (both adult and pediatric)
- a review of new policies and procedures, including the online surgical checklist and an updated policy on prevention of retained surgical items.
Additional topics included chest tube management, assessing ports, electrosurgical units, IUSS reduction, the Universal Protocol, blood administration, and pacemakers, Medlin says.

Covering all the bases
Education Day takes place in early January because it’s typically a lower-volume time of year. Staff are often flexed off the schedule in January, Cofield explains, and by participating in Education Day, they get their hours back.

“We incurred virtually no overtime,” she notes.

A “Save the Date” flyer is posted 6 months before the event, and attendance is mandatory; there are almost no exceptions. Activities for children age 8 or older, a continental breakfast, snacks, and beverages are provided.

“We have two call teams available on the weekend,” Cofield explains. “Because of the way our OR is designed, we ‘unrestrict’ the two rooms closest to the double doors, so when people come in they don’t have to dress in scrubs. We pull everything out of the rooms before the weekend, and at the end of Education Day, everything is terminally cleaned and put back in order.”

If a case needs to be done, patients are rerouted and managers help clear the hall to give the patient privacy. “We have a whole regimen for how to get a case into the OR and reroute the traffic to the OR and back to the recovery room during the 4 hours,” Cofield says.

Looking backward and forward
“The first year, we were under construction,” Cofield recalls. “We tried to use the education rooms that are one floor up from the operating room. We assumed people would know how to get from the rooms back to the OR, but staff from the other facilities had a hard time finding their way around. Now the entire event is held on one floor.”

In part because of the physical conditions that first year, everyone was given a fleece warm-up jacket with their names monogrammed, she adds.

To help orient staff from the smaller facilities, Medlin now goes to those hospitals to review instructions with them prior to the event and includes a map in their packets. Facilitators also are on hand to direct attendees.

Staff say they miss the door prizes that were previously offered, so those will be brought back. Because the event is held early in the year when people tend to diet, it’s important to offer food like fresh fruit and vegetables. It’s a little more expensive, Cofield says, but she figures she spent less than $1 per person on food. She also wants to offer more structured activities for the children next year.

“We look at the evaluations every year, and if the nurses request a new station, we try to accommodate that in the next event,” Medlin says. She compiles the evaluations and sends them electronically to the managers so they can review them with the staff. Practice council members and Cofield also get a copy.

“The staff are learning to think about what areas might be good for Education Day,” Cofield notes, so there’s higher awareness throughout the year about what specific refreshers may be needed.

“Our anesthesiologists have been involved in teaching every year,” Cofield notes. “They talk us through how we can help them during a complicated intubation or putting in lines.”
Next year there will be a backup call team as well. The more experienced staff are on call, so they are assigned to fewer stations. There are certain minimums everyone must achieve, Cofield says, and there are always “overachievers” who go to all of the stations and thus get higher marks on the Validation Sheets that are part of their employee records.

“You can’t educate on everything annually, but you can go through your policies and procedures and identify the problem areas,” Cofield says.

An added benefit of an event like this is the team-building. “People meet each other outside of the work environment and realize that they need to value each other for their specific areas of expertise,” she explains. “Whatever it costs us is worthwhile because we reap the rewards in collegiality and being a more cohesive team in ways we can’t measure.”

Education is also offered through online courses, in-services, and “Mindbuilders,” an organization-wide effort by all the nurse educators to help staff earn four contact hours, twice a year. Monthly CNOR education will be offered in the future.

“I think we have to attack staff education like we do everything that seems overwhelming,” Cofield says. “It’s like eating an elephant—you do it one spoonful at a time. Keep it simple. Let the staff leaders prioritize and get it done. Next time staff face a clinical situation and they can go back to that clinical learning experience, they appreciate it.”

Finally, she says, “I guarantee that next year, we’ll have door prizes!”

—Elizabeth Wood

Reference
Medlin A, Cofield D. Education day for surgical services. Poster session, 2014 AORN Surgical Conference & Expo.