Background Information: At the University of Michigan Cardiovascular Center, the peri-anesthesia nurses are responsible for identifying CIED patients, ensuring appropriate cardiac monitoring, and notifying the cardiac device nurses to prepare the devices for surgery. Our nurses rely exclusively on the expertise of the device nurses for management of this patient population.

Although this is considered necessary for intra-operative safety, what is not clearly considered is the knowledge gap that exists amongst the PACU nurses relative to understanding the basics of CIEDs.

Nurses were ambivalent about whether this knowledge gap had relevance on their clinical practice. The CVC PACU does not have educational competency requirements for understanding CIED fundamentals. We were unable to find any guidance offered by ASPAN on addressing the need for this type of perioperative competency. An article from the British Association of Critical Care Nurses reported an overall lack of nursing knowledge relative to cardiac devices, despite the general assumption of competency.

Objectives of Project: The overall goal of our initiative was to introduce educational training that demonstrated the need for CIED competency requirements; driven by Nursing.

Process of Implementation: Using a 25-point questionnaire, we surveyed pre and post an educational program.

A final evaluation survey to determine whether this outreach of inquiry provided a consensus to establish a unit-based competency for CIEDs.

Statement of Successful Practice: Competency was elevated and instituted by nursing staff.

Implications for Advancing the Practice of Perianesthesia Nursing: We expect that as a result of instituting educational requirements to augment nursing knowledge relevant to clinical practice, where little existed prior, we will be able to transform the formerly unknown into the known. When we begin to recognize the significance of what we did not know, we, as nurses can implement changes that improve patient care, safety, and clinical outcomes.