Increasing Perianesthesia Nurse Competency in Selected Critical Care Modalities

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Introduction: A large academic center's satellite campus Pre/Post unit rarely sees patients needing certain critical care modalities; the need to establish and maintain competencies in these modalities has been identified.

Identification of the problem: The unit identified the need to improve competency for selected high risk, low frequency critical care modalities. Challenges to increasing competency include varying critical care experience among staff and the infrequency with which these modalities occur in practice on the unit.

QI question/Purpose of the study: Develop an effective education strategy to improve competency in Pre/Post nurses for selected critical care modalities.

Methods: Per the QSEN Institute, competency is the knowledge, skills, and attitude (KSA) needed to provide safe and effective care. Expectations for the selected critical care modalities were derived from ASPAN's CBO. A sequential, tiered education strategy was developed. First, nurses completed pre-intervention surveys to capture baseline self-reported competency using a Likert scale based on Patricia Benner's "From Novice to Expert" theory. Second, staff completed didactic prework validated by quizzes that primarily consisted of policy and procedure review. Third, staff will attend skills stations to gain haptic experience with associated supplies and equipment. Finally, staff will be precepted by ICU nurses to gain handson experience with critically ill patients.

Outcomes/Results: At the interventions completion, the survey will be re-administered to assess changes in self-reported competency. Analysis of pre- versus post-intervention surveys will be available during the first quarter of 2021.

Discussion: Pending analysis of pre- and post-intervention surveys.

Conclusion: It is the ethical responsibility of Pre/Post leadership to ensure safe and effective care is provided. Whether the tiered education strategy will be effective in improving competency in Pre/Post nurses for the selected modalities is pending analysis of pre- and post-intervention surveys.

Implications for perianesthesia nurses and future research: This education strategy addresses improving competency. Future research is needed for an effective education strategy to maintain competency and mitigate knowledge/skill decay. This education strategy uses preand post-intervention surveys of self-reported competency to assess the intervention's effect on attitudes; further research using other competency validation methods is needed to better assess the intervention's effect.