

ABSTRACT

Surgical education is often conducted in the postoperative room when a patient is sedated and recovering from anesthesia. Patients desire to receive more education when they are not sedated. If surgical education is conducted preoperatively, research shows that it can help improve patient outcomes, both psychologically and physically. This project provides evidence-based resources supporting the need for improved discharge education. The goal of this project is to enhance preoperative education and therefore improve perioperative education overall.

PICO QUESTION

For patient in same-day surgery, does a perioperative education program that begins preoperatively, improve physical and psychological patient outcomes postoperatively as opposed to current postoperative education?

LITERATURE REVIEW

A literature review search was conducted, and eight research articles were analyzed. Three themes emerged from the research that support the need for improved preoperative education to decrease perioperative side effects:

- Improved preoperative side effects (2).
- Improved postoperative side effects (5).
- Improved postoperative management skills (1,4,7,9).



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Preoperative Education Program for Improved Postoperative Outcomes

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PROJECT METHODOLOGY

The project's purpose is to improve perioperative education by focusing on education while the patient is in the preoperative unit and not sedated under anesthetic drugs. Three deliverables are included: an educational handout to be given to the patient in the preoperative area, an educational PowerPoint to introduce and explain the project to the nurses on the unit, and follow-up questions for inclusion in the postoperative phone call.

Teaching Content Breakdown

- **Preoperative educational handout**
- **PowerPoint presentation in staff meeting**
- **Follow-up questions in postoperative phone call**
- **Follow-up staff meeting**

Plan and Development

- **The preoperative educational handout will be disseminated in staff meeting, along with the PowerPoint presentation.**
- **The health unit coordinator and the nurses will be educated on the benefits on the use the handout. Surgeons and anesthesiologists will also be made aware of the handout.**
- **The patient will be introduced to the teaching handout. The handout includes talking points, reminders, and a place to write questions.**

Evaluation

- **The nurses conducting the postoperative phone calls will review the project's effectiveness with the patients.**
- **The nurses will ask the patient a series of questions such as, "Did you have all of your questions answered while you were here?"**
- **The postoperative phone call results will be discussed in a follow-up staff meeting.**



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THEORETICAL FRAMEWORK

- The Advancing Research and Clinical Practice through Close Collaboration Model (ARCC) is a framework that implements evidence-based practices in the hospital setting (7).
- The ARCC model first assesses the organizational problem of the need for enhanced perioperative education, finds evidence-based research to address the problem, identifies strengths or barriers to the implementation of the research, and directly impacts the decision-making of the implementation by its application (5,7).

CONCLUSIONS

Nurses have a responsibility to help their patients feel safe and at ease during their hospital stay. The patient's stress, anxiety, and fear can be decreased when a nurse reviews their questions and concerns. It is important to remember that no handout can be all-inclusive for every surgery. By improving discharge education with an informative handout, patients will feel more involved in their care, have greater understanding of their recovery, and most importantly, they will feel listened to.

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