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An Evidence-Based Training Program Addressing Enhanced Surgical Recovery Protocols for Registered Nurses

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ABSTRACT

There have been advances made in surgical recovery that have only been implemented in a small number of surgical settings in the United States. Patients could be receiving benefits that include improved surgical outcomes, decreased surgical stress, better glycemic control, decreased length of stay, benefits of early mobilization, less nausea, less constipation, and a minimized need for postoperative narcotics (1).

Enhanced Recovery After Surgery (ERAS) is a set of protocols designed to improve surgical patient outcomes based on evidence-based practices (2). The Department of Health implemented the program in England in 2009, yet implementation in the United States has been slow (2). Uniform education and training of ERAS principles are presented as a barrier to the program's success (3).

PICO QUESTION

For registered nurses (RNs) working in intraoperative care does an evidence-based educational training program addressing enhanced surgical recovery (ESR) protocols improve nursing staff adherence to guidelines at one month, six months, and 12-months?

LITERATURE REVIEW

The literature review identified strategies for the successful implementation of ERAS protocols. The themes identified included the following

- Training and education
- Team-oriented training
- Leadership
- Data collection

ERAS would benefit from nurse organization recognition while encouraging nurses to be involved in evidence-based practices (3). ERAS involves many operative team members and relies on collaborative efforts (4). Having designated ERAS coordinators can improve the success of implementation (2). The display of data for implementation goals drives motivation for continued change (5).

PROJECT METHODOLOGY

Education is a critical component to increase acceptance of new ideas. The training project was designed to enhance team development, improve knowledge of protocols, establish policies and guidance, and train leaders for continued support. PowerPoints were designed to educate staff, outlining protocols and the evidence-based information that supports them.

Plan and Development

Before and after ERAS integration, education was noted as the top priority in a nursing survey (6). Education explores evidence-based reasons for protocols that contradict some conventional practices. Training focuses on education and team-based commitment to developing policies that follow ERAS guidelines and work within an existing surgical setting.

The backward design teaching methodology was chosen to focus on specific outcomes for implementation and education. Monthly lesson plans included lectures, independent professional education, team discussions, trainee teaching, and open debates.

Figure 1

Evaluation

Evaluation of the training project is conducted through tests that include short essays and fill in the blank to commence on months two and three of training.

·An essential aspect for the success of this program is the collection and display of data that reflects improved changes in patient outcomes. Data collection and display were identified as motivating aspects of implementation (5).

THEORETICAL FRAMEWORK

The Ottawa model offered support for this project as it drives a step-by-step approach to assess information. Steps included identifying leaders for change, evaluating barriers to successful implementation, increasing team collaboration, and prioritizing change (7).

Figure 2

Figure 3

CONCLUSIONS

Healthcare providers hold a responsibility to provide the best care available. Surgical stress impacts surgical outcomes, and patient-centered standards of practice are lacking in most surgical settings. ERAS standards are the best resource in surgical protocols available (4). Surgical care depends on the collaboration of a multidisciplinary team, and training has been developed to involve all members and increase communication among them. Patient-centered protocols also require participation and goal setting from the surgical patient. Participation in better surgical outcomes requires patient involvement and buy-in (2) Through education of the surgical team, education can be passed on to the patient. By developing this training regimen and implementing it in a small surgical setting, the training protocol with be evaluated to expand its reach to larger environments. Surgical practices need to evolve on a variety of levels among each team member to challenge conventional training and policies that do not benefit the patients.

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Figures

1-3 Microsoft stock photos