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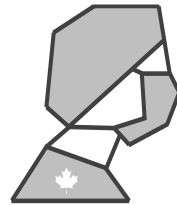
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Continuing Education

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ABSTRACT

Advances in medicine and technology are demanding increased, and more diverse, education and learning. To provide quality patient care perioperative nurses need to be up to date. Is it possible to accomplish this task in our era of healthcare staff shortages and budget cuts? Step outside the traditional classroom and see where it leads. Continuing education, or mandatory education hours are also requirements for a growing number of professional bodies. Can we continue to meet this demand?

CONTINUING EDUCATION – WHAT IS ALL THE FUSS ABOUT?

Education is one of the most important aspects of perioperative nursing practice. All perioperative team members, regardless of their position – manager, general duty, educator, team leader, charge nurse, director – have multiple demands on their time. Family, religion, personal commitments, and professional obligations are just a few examples. How, and when, will continuing education fit in to all our lives?

While not all regulating bodies are currently demanding a minimum number of continuing education hours, many are in the process of adding this criteria. Still others are in the planning phase for future implementation. In the very near future continuing education will be a necessary reality throughout perioperative nursing practice.

How will perioperative nurses meet the demand? Budget cuts and the decreasing numbers of nursing personnel create educational challenges. Who will work while we learn? Who can take the time to attend an education session or conference? Where will the resources be found to fund ongoing education?



Educational Videos

To meet these challenges we need to put aside our concept of the classic, or traditional, ideas of learning and find new solutions.

The classic, old-fashioned, classroom and lecture mode have been virtually replaced by modern technology and techniques. With a decrease in our available time and resources, the traditional classroom setting is often rejected. While this educational format is not completely gone, it is more difficult to access. We are learning to take our learning moments when, and where, we can. Today's issues demand that we invent ways to learn and to remain competent at our practice.

The reality is that we now do more with less... and we do it faster! Education needs to be consumed in the time we have available, offered in varied forms of delivery, and made use of all available resources. The classroom has moved out to meet the student and our ongoing educational opportunities are beginning to focus on "tidbits" of learning.

The burden of the education solution falls to the education team at each medical facility. Providing appropriate and flexible learning opportunities is a very tall order for the education team to fill – and even more challenging for those hospitals that do not have

Photo by J. Porteous

Continuing Education (cont.)

an education team. Those at facilities with dedicated education time and resources are very fortunate. More often than not our restricted resources can leave the theatre staff functioning as their own educational resource.

Here are some examples of innovative learning/teaching possibilities available in a “bits and bites” format. You may be surprised at the options available as far as the location and mode of learning opportunities.

- **Video and Audio Tapes** – sign them out to use at home
- **Meetings** – professional, committee, staff
- Post-it-cards – stick on the bathroom door or a locker
- **Read** – journal, article, textbook
- Online – view websites and read articles
- **CD's** – either general medical, surgical, or product related
- **Display** – a bulletin board or booth
- **Tours** – be shown around other departments
- **Self Study Modules** – participate in or run a mini training course
- **Posters** – stop and read them
- Hospital intranet – access training and information resources
- **Lecture** – give one or attend one
- **Demonstration** – attend to learn about new equipment
- **Information Card** – send one to a peer

While not all of us have home access to a computer, we can often access internet connections at work, at the library, through a friend, or at an internet café. The world wide web offers phenomenal resources. Or try faxing another department with news from your area. If your department has a “Fact Sheet”, on topics such as MRSA, read it and be sure to pass it on to a colleague. That sheet of paper may be the only learning opportunity there is this week!

Every “bit” of education helps and there is no such thing as wasted knowledge. An often untapped source of new knowledge is the coffee

break. Invite a colleague to join you and spend fifteen minutes discussing your burning issues. This “bite” of education offers you social company, private instruction, and a break, all at the same time! *Lunch and Learn* sessions are cropping up in many workplaces. They allow participants to bring lunch and learn while they eat. Individuals can also put on earphones any day and munch their lunch while listening to a discussion of a new procedure that might be required next week.

Workplace posters should be scanned for educational opportunities such as lectures or product demonstrations. By jotting down the details, and keeping a calendar of events on our workplace lockers, we will be ready to attend if the time becomes available. Handing out a fact sheet, about any subject, while listening to the morning report can provide all of your co-workers with a learning opportunity – it is probably the only time of day when everyone is in the same room.

Mail slots are also fast and effective means of mass communication.

The telephone is also a wonderful communication tool. It can be used to find out health information from a local library or on-site health sciences library. Conference calls have been used, for many years, as a tool for nurses to consult regarding patients, epidemics, treatments or medication use. Telenursing has been present in rural and remote communities for decades. It has enhanced patient care, furthered treatment and assisted in the delivery of services.

Digital video communication allows for teledelivery, almost anywhere in the world, of health promotion, education, disease prevention and treatment, robotic or remote surgeries, and classroom lectures. I recently viewed the new minimally invasive suite, at Mount Sinai Hospital in Toronto, through the internet. I also “attended” a lecture on SARS where the speakers were in Toronto, Geneva and Atlanta... and I was in Regina!

Continued on Page 12

Post-Operative Nausea and Vomiting



Maybe not this time.

Avoidance of PONV was shown to be even more important to patients than avoidance of post-operative pain.^{1,‡} Thanks to the prophylactic use of Zofran in high risk surgical patients – greater patient satisfaction was shown to have been achieved compared to placebo.^{2,*}

Zofran has demonstrated 24-hour efficacy in the prevention of PONV:

- superior to metoclopramide^{3,**}
- similar to droperidol^{4,††}

And Zofran has an excellent safety profile.^{5,6,†}

The most frequent adverse events reported in controlled clinical trials were headache (11%) and constipation (4%).⁵

Please refer to Product Monograph for full prescribing information.

Consider Zofran first line in your high risk patients.²

Zofran is indicated for the prevention and treatment of postoperative nausea and vomiting.⁵

‡ In this study, 101 patients completed a survey in which they rank ordered possible postoperative clinical anesthesia outcomes. Vomiting was the least desirable outcome by both the ranking methodology and the relative value methodology (F-test <0.01). Ranking and relative value data were positively and significantly correlated (r=0.69, p<0.0001).

* 2061 high risk patients (history of PONV or motion sickness) undergoing highly emetogenic procedures in 2 randomized, double-blind studies received either 4 mg ondansetron, 0.625 mg droperidol, 1.25 mg droperidol or placebo 20 minutes before induction. Patients were followed for a period of 24 hours. Ondansetron was more effective than placebo at reducing nausea and vomiting (p<0.05) and reduced mean-median total costs vs placebo (p=0.001). Patients receiving ondansetron were more satisfied than patients receiving placebo (p<0.05).

** In a double-blind, randomized, placebo-controlled, multicentre study (n=1044) for the prevention of PONV in patients undergoing major gynecological surgery, ondansetron (4 mg IV, n=465) was superior in achieving complete control of emesis and nausea versus metoclopramide (10 mg IV, n=462) (44% and 37%, p=0.049, and 32% and 24%, p=0.009, respectively) over 24 hours.

†† Two identical, randomized, double-blind, placebo-controlled studies enrolled 2,061 adult surgical outpatients at high risk of PONV to compare IV ondansetron 4 mg (n=515) with droperidol 0.625 mg (n=518) and droperidol 1.25 mg (n=510) for the prevention of PONV. In the 0 to 24 hour postoperative period, complete responses for ondansetron (53%) and droperidol 1.25 mg (56%) were superior to placebo (36%), p<0.05. Patient satisfaction scores for ondansetron were superior to placebo, p<0.05.

† Reductions in dosage are recommended in patients with moderate or severe hepatic dysfunction.

Zofran[®]
ondansetron HCl
iv/tablets/oral formulation
first^{***}
First 5-HT₃ antagonist⁵

gsk GlaxoSmithKline Member **R&D** **PAAB**

Continuing Education (cont.)



Photo by L. Socha

The Staff Lounge Provides Learning Opportunities

We also have seen the rise of telephone health hotlines used to provide information, education and instruction to patients. Technology and telecommunications continue to advance and we continue to use these resources in our practice. Find out if these resources are available in your community and if they are then access this mode of learning.

This list displays more alternative ways of learning. Some have been discussed in this article, while others are designed to get you, the reader, thinking about alternative learning opportunities that you see every day.

- Fax-
- Coffee break -
- Internal memo -
- Department Newsletter -
- Professional Newsletter -
- Word match sheets -
- Fill in the blanks sheets -
- Fact Sheet -
- Lunch & Learn -
- Facility newsletter -
- Library visit -
- Health chat room -
- Bulletin board -
- Workbooks -

We can learn from others in our workplace by assisting in a research project or asking a physician if you, and your perioperative colleagues, would be welcome at rounds or at a medical presentation. Facilities with intranet capabilities often have their own educational presentations available online.

Finding moments for ongoing education is difficult. The poster you saw and read as you left to go home may be the only educational opportunity you have time for this week. Grab the opportunities while you can – scan a journal in the staff room or keep a professional journal by your bathtub.

An often forgotten resource is your professional body. Get involved or tap in to the educational options it provides. This also applies to special interest groups. Specialized groups offer a wealth of information geared to the specialty they support. At the very least these perioperative groups will provide a network of contacts for your use. Invite other members in to your OR for coffee, a chat, to sit in on “Question and Answer Time” or an information session, or to conduct a presentation.

Our industry partners or sales representatives, and their companies, will often have information pamphlets, CDs, videos, or even qualified educational consultants available for perioperative nurses. Other companies have continuing education available on-line as well as inbooklet form. Contact your sales or customer service representatives and find out what is available.

Last, but not least, attend conferences and workshops whenever the venue, topics, and dates are suitable. The benefit of these events is they offer a large number of learning hours, in one location, over a short period of time.



Photo by L. Socha

Sales rep Brian Balliant works with OR Educator Marla Ewen

“Backing down wasn’t even an option.”

In touch: with Peggy Doyle, Director of Perioperative Nursing

It was bizarre. Out of the norm. Just plain unheard of. Why would a healthcare facility abandon the long-held tradition of powdered latex surgical gloves just because of something that appeared to be as miniscule as air particulates? These were some common responses Peggy Doyle, Director of Perioperative Nursing received as she lobbied to change her OR over to powder-free surgical gloves.

But she wouldn’t back down. It was 1991, and she was listening to a great number of OR and PACU nurses who were experiencing unexplained allergic reactions. Inhaler usage was increasing among the nurses, and soon, there were other workers throughout the facility who were complaining of similar symptoms. Starch powder from latex medical gloves had found its way into the air, creating an environment that Peggy believed prevented some of the staff from returning to work.

Peggy’s first challenge was finding a powder-free alternative. That was simple. It was Biogel,[®] with a unique coating that replaced the need for glove powder for ease of donning.

Her second challenge was a little more daunting. The entire facility had to be convinced to convert. Peggy and her team didn’t stop until everyone saw the benefits a powder-free environment could offer, and her nurses could return to a safer work place.

By 1993, the conversion was completed, and the OR suite was power cleaned to remove any remnant of powder from the environment. Staff could return to work confident they would not be exposed to aerosolized particulates.

Peggy never compromised her high standards, and it’s healthcare providers like her that inspire excellence in every Biogel[®] surgical glove. Our product line has more than quadrupled since our first powder-free surgical gloves were implemented in Peggy’s facility, each glove responding to the ever-changing challenges facing the healthcare world. This is how we’ve earned the reputation of being the World’s Finest Surgical Gloves,[™] and how we’ll continue to provide solutions for future healthcare needs.

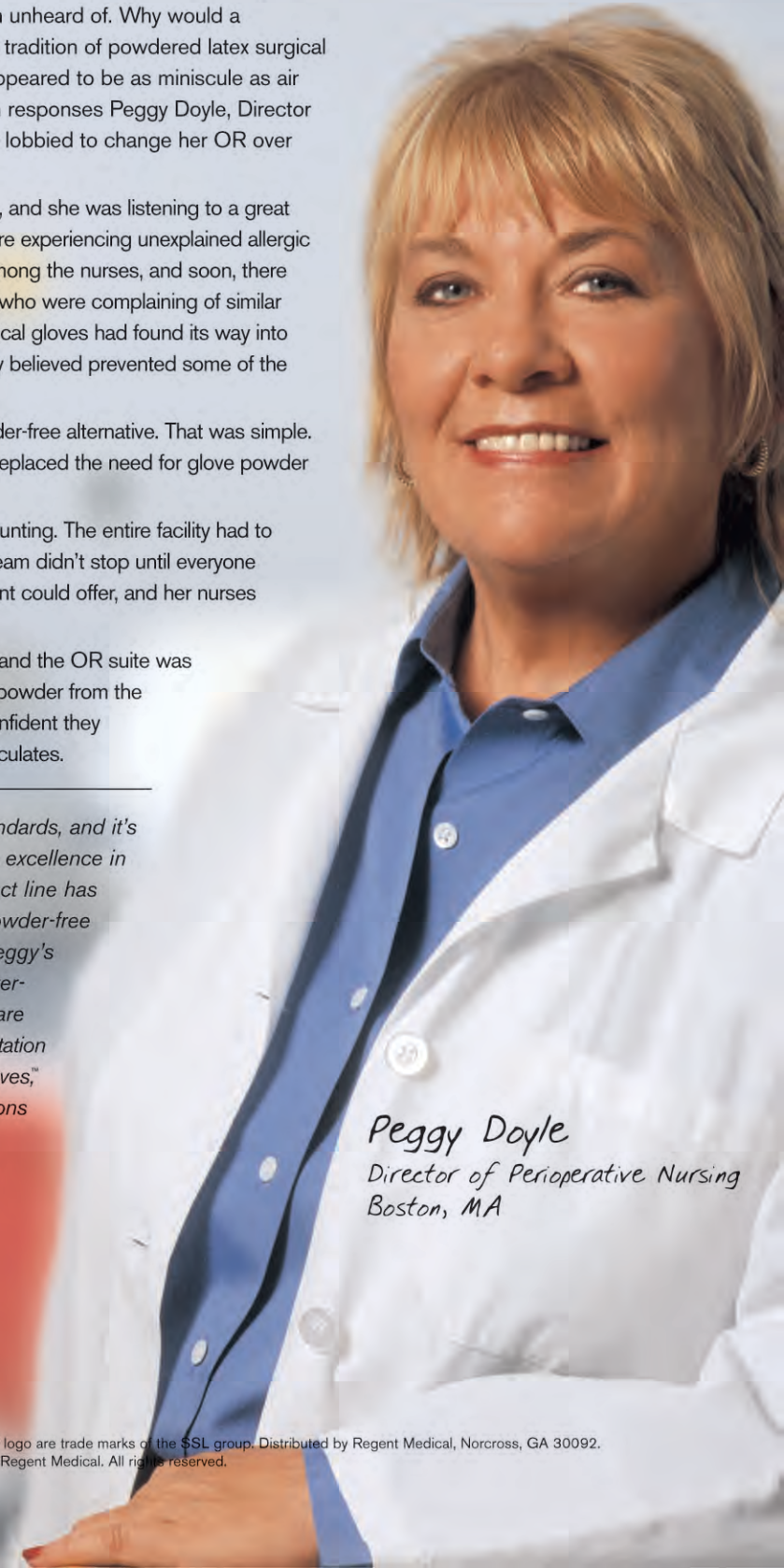
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*Peggy Doyle
Director of Perioperative Nursing
Boston, MA*

Continuing Education (cont.)



Photo by J. Porteous

Educational CDs

Remember to take the power of learning and teaching to your theatre with you daily. Take advantage of continuing education in any manner that it is offered to you and you will continue to grow, learn, and meet all of the professional challenges put before you.

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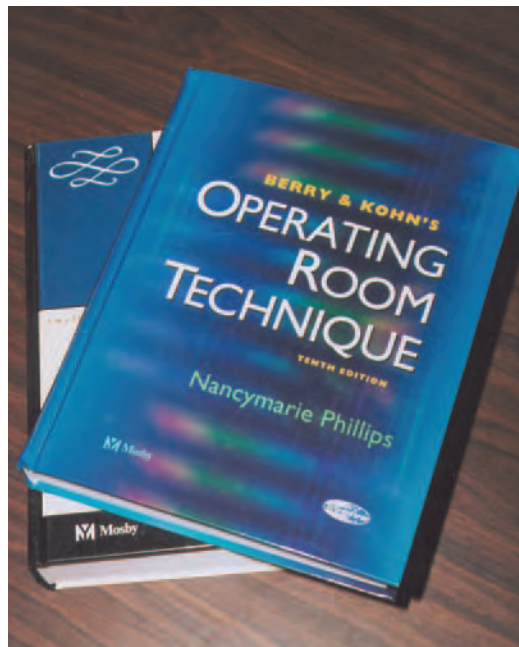
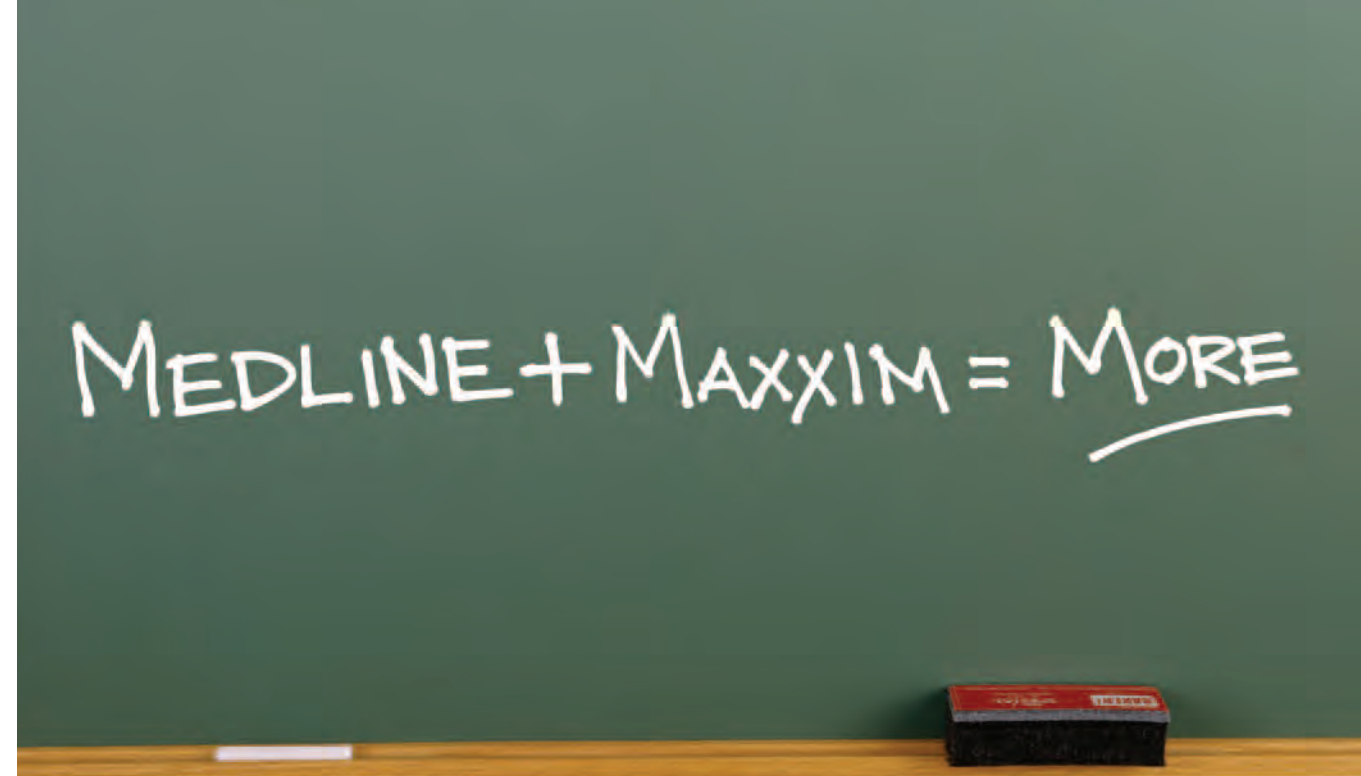


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Textbooks



More service. More choice. More resources. Medline acquires Maxxim to bring you more.

Medline is pleased to announce our recent acquisition of the surgical and medical products divisions of Maxxim Medical.

We are very excited about this addition and think these changes will benefit you in several ways.

More Customer Service

Medline Canada Inc./Maxxim Medical will be adding sales professionals to complement our existing nurse consultants and product specialists.

More Choice

Medline will continue to sell and support all existing Maxxim products in combination with our own product lines. This includes Maxxim's custom procedure trays, drapes and gowns, as well as examination and surgical gloves.

More Resources – Enhanced Quality

Medline will add Maxxim's manufacturing facilities to our own, enhancing and investing in them to help meet our customers' needs.

Medline will also continue to honour Maxxim's existing contractual agreements with individual health care customers and group purchasing organizations.

We believe these changes will allow Medline to be more responsive to delivering exactly what your facility needs.

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