

# Surgical Specialty Nursing Guide Improves Nursing Confidence

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## Background

At the VA Portland Health Care System (VAPORHCS) Portland hospital, nurses on a 28 bed medical/surgical unit were expressing a lack of confidence in managing post-operative patients. There are 10 surgical specialties that admit to this acute care unit. Within that unit, the staff of about 60 nurses could potentially receive a patient who has had one of over 80 surgical procedures. Nurses are expected to competently care for these patients and anticipate and efficiently manage possible acute issues. As a result, the new and seasoned nurses felt overwhelmed and intimidated, causing a lack of confidence, by the need to provide optimal care for these patients given of the vast range of expected knowledge necessary to provide that level of care.

## Purpose

To increase nursing confidence in caring for the diverse medical/surgical population, since self-confidence directly affects nursing practice, and to create an easily accessible Surgical Nursing Guide through RN/provider collaboration.

## Methods

In October of 2015, nurses on the medical/surgical unit (n=18) were given a questionnaire using a 5 point Likert Scale to rate their confidence from “not at all confident” to “very confident” in three areas:

- Knowledge of commonly seen surgical procedures
- Speaking with providers regarding procedures
- Educating patients on procedures

The Unit Based Council, comprised of staff nurses, developed and widely distributed a Surgical Specialty Nursing Guide that had been edited by Physicians, containing 70 of the most commonly seen procedures on the unit. Each procedure included description, photos, post-operative complications, and appropriate management decisions.

After 2 months, staff nurses (n=20) were given the same questionnaire to assess their level of self-confidence.

**Orthopedics**  
**Open Reduction and Internal Fixation (ORIF)**

**Procedure in brief:**

- Indications: Fracture of long bones of the extremities
- Contraindications: Severe osteoporosis, severe vascular disease, severe medical illness
- Pre-operative: Obtain informed consent, pre-operative antibiotics, pre-operative analgesia
- Intra-operative: Aseptic technique, tourniquet use, careful dissection, accurate reduction, stable fixation
- Post-operative: Pain management, wound care, DVT prophylaxis, early mobilization

**Surgical complications:**

- Infection
- Deep vein thrombosis
- Pulmonary embolism
- Wound healing problems
- Hardware failure

**Management Decisions (Notify team of any abnormal findings):**

- Wound healing problems
- Infection
- Pain management
- DVT prophylaxis
- Hardware failure

**General Surgery**  
**Colectomy**

**Indications:**

- Diverticulitis
- Diverticulosis
- Hemorrhoids
- Colon cancer

**Procedure:**

- Pre-operative: Obtain informed consent, pre-operative antibiotics, pre-operative analgesia
- Intra-operative: Aseptic technique, careful dissection, accurate reduction, stable fixation
- Post-operative: Pain management, wound care, DVT prophylaxis, early mobilization

**Surgical complications:**

- Infection
- Deep vein thrombosis
- Pulmonary embolism
- Wound healing problems
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**Management Decisions (Notify team of any abnormal findings):**

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- DVT prophylaxis
- Hardware failure

**Urology**  
**Cystectomy**

**Description:**

- Indications: Prostate cancer, bladder cancer
- Contraindications: Severe medical illness, severe osteoporosis
- Pre-operative: Obtain informed consent, pre-operative antibiotics, pre-operative analgesia
- Intra-operative: Aseptic technique, careful dissection, accurate reduction, stable fixation
- Post-operative: Pain management, wound care, DVT prophylaxis, early mobilization

**Surgical complications:**

- Infection
- Deep vein thrombosis
- Pulmonary embolism
- Wound healing problems
- Hardware failure

**Management Decisions (Notify team of any abnormal findings):**

- Wound healing problems
- Infection
- Pain management
- DVT prophylaxis
- Hardware failure

**Vascular**  
**Fem-Pop Bypass**

**Procedure in brief:**

- Indications: Peripheral artery disease, claudication
- Contraindications: Severe medical illness, severe osteoporosis
- Pre-operative: Obtain informed consent, pre-operative antibiotics, pre-operative analgesia
- Intra-operative: Aseptic technique, careful dissection, accurate reduction, stable fixation
- Post-operative: Pain management, wound care, DVT prophylaxis, early mobilization

**Surgical complications:**

- Infection
- Deep vein thrombosis
- Pulmonary embolism
- Wound healing problems
- Hardware failure

**Management Decisions (Notify team of any abnormal findings):**

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**Ear Nose and Throat**  
**Thyroidectomy**

**Indications:**

- Thyroid cancer
- Hyperthyroidism
- Hypothyroidism

**Procedure:**

- Pre-operative: Obtain informed consent, pre-operative antibiotics, pre-operative analgesia
- Intra-operative: Aseptic technique, careful dissection, accurate reduction, stable fixation
- Post-operative: Pain management, wound care, DVT prophylaxis, early mobilization

**Surgical complications:**

- Infection
- Deep vein thrombosis
- Pulmonary embolism
- Wound healing problems
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**Management Decisions (Notify team of any abnormal findings):**

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**Neurosurgery**  
**Cervical spine procedures**  
**Anterior cervical discectomy and fusion (ACDF)**

**Procedure in brief:**

- Indications: Cervical radiculopathy, cervical myelopathy
- Contraindications: Severe medical illness, severe osteoporosis
- Pre-operative: Obtain informed consent, pre-operative antibiotics, pre-operative analgesia
- Intra-operative: Aseptic technique, careful dissection, accurate reduction, stable fixation
- Post-operative: Pain management, wound care, DVT prophylaxis, early mobilization

**Surgical complications:**

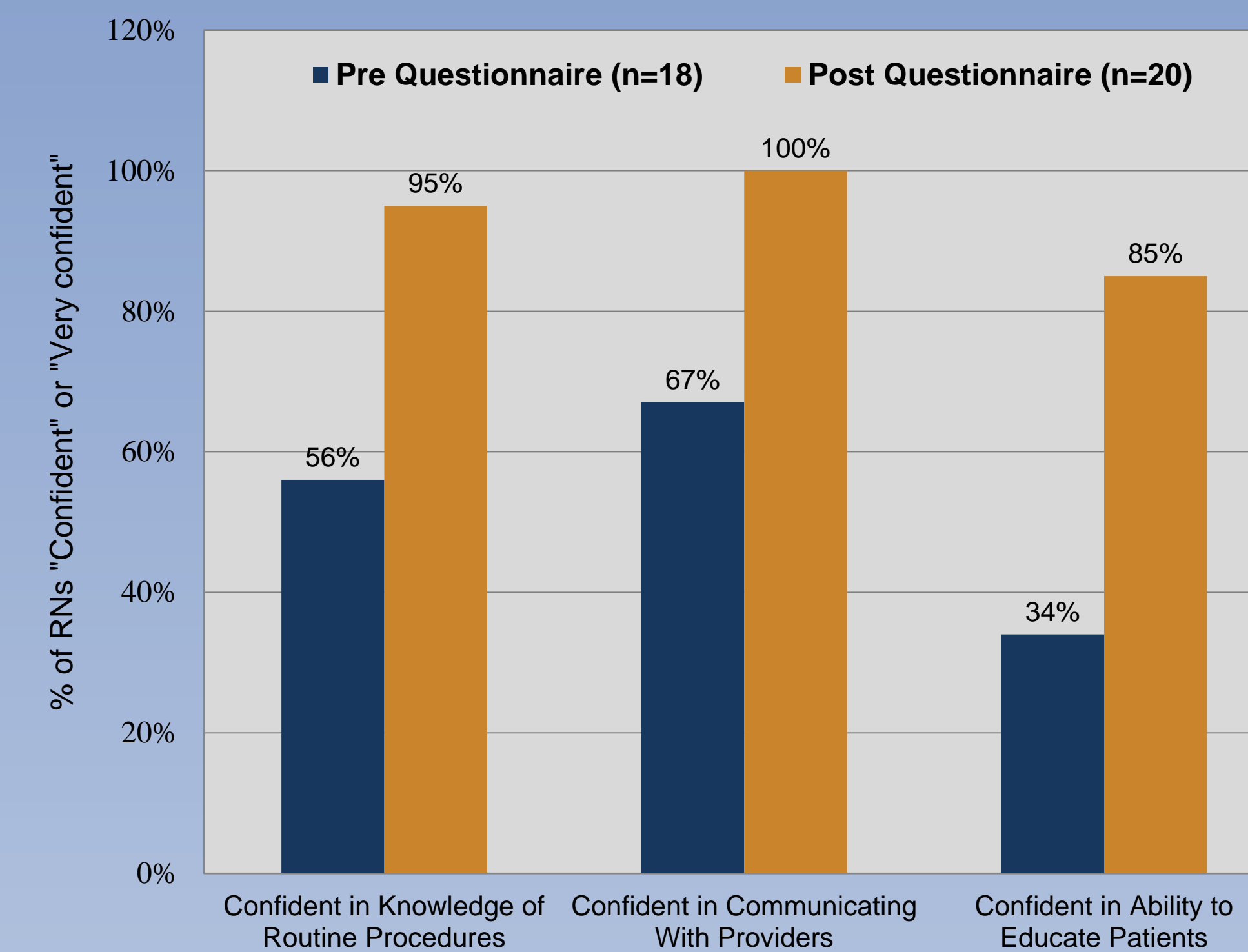
- Infection
- Deep vein thrombosis
- Pulmonary embolism
- Wound healing problems
- Hardware failure

**Management Decisions (Notify team of any abnormal findings):**

- Wound healing problems
- Infection
- Pain management
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## Results

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## Conclusions

The Surgical Specialty Nursing Guide increased nursing self-confidence in all three areas. Although self-rated confidence is a subjective measure, confidence is essential to nursing practice. This Nursing Guide has been shared with nurses in other units, who have updated it to reflect their unit-specific procedures. It has also been shared with the surgical overflow units to be utilized as their quick reference guide. Since initiating the Surgical Specialty Nursing Guide in October 2015, it has been sustained and continues to be a resource for nurses today.

## Literature Review

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