Utilizing a Novice to Expert Educational Pathway on a Cardiothoracic Unit
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Problem:
Modern healthcare requires nurses who are informed, resourceful and engaged. Cardiothoracic care has rapidly advanced in technology; creating an educational nightmare for the nurses.

Evidence:
Our unit has grown from caring for 2 patient groups to six core population groups. Trying to remain knowledgeable for all the patients challenged the bedside nurses to feel comfortable with their care because of a lack of resources.

Strategy:
Realizing nurses cannot be experts in all areas; we created an innovative strategy. Using Benner’s Novice to Expert model of skill acquisition, core teams for acute coronary syndrome, heart failure, cardiac surgery, vascular/interventional, arrhythmias, and thoracic surgery were developed and incorporated into an “Educational Pathway.”

Practice Change:
Classes designed for each level from novice to expert facilitated a nurse’s progression. Nurses remain competent in the care for all patients. When progressing towards proficiency, they are encouraged to join one of the 6 core teams. This provides opportunity to collaborate with educators and specialty physicians. The goals of this strategy are to develop staff resources experts for each domain who ensure the adoption of current evidence-based practice and provide continuing education to the staff at large.

Evaluation:
Teams developed:
- Computer based training modules (16)
- In-services presented by specialty physicians (16)
- Disease specific standards of care (5)

Results:
- Staff utilizes core team member as a resource.
- Hospital adoption of our Pathway as “best practice” to be implemented throughout the health care system.
- Teams have a day to showcase their work and update nurses on current practices.
Recommendations:
- Recognize core team achievements to keep staff engaged
- Expand core teams to encompass the continuum of care

Lessons Learned:
- Staff felt restricted to just one core group
- Difficult to find a good meeting time for shift workers
- Core specific resource nurses were not easily identifiable to newer nurses

Bibliography:

