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The Effect of an Educational Intervention on the Knowledge and Management of PONV Among Anesthesia Providers: A Pilot Study

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The evaluation phase of the Capstone Project was designed using the Estimation of the reliability of the questionnaire was performed using the Wilcoxon test. With a p value of < 0.01, there was a significant difference in the post-test scores in all six composite scores. The 6-10 years group had the lowest success rate in all six composite scores both in the pre and post-test.

Overall comparisons of practice groups found no significant differences in scores when compared to practice group. Although the CRNA group showed a lower success rate in the knowledge base total score pre-intervention and in the reduced post-test base knowledge score, we have to be wary of non-parametric comparisons between small groups because of the low power of the tests. A bigger sample size can illustrate real statistical power and actual differences in the sampled population.

Discussion

The significant difference in the composite pre and post-test scores as well as in the theoretical and clinical subsets showed that the developed PONV Education Module and Toolkit instruments appear to be effective in increasing knowledge and the ability to apply evidence-based guidelines to given clinical scenarios among anesthesia providers in this study. The larger increase in post-test scores was noted in the theoretical section, which underscores the need for an educational intervention that focuses more on the clinical management of PONV using evidence-based PONV guidelines.

The inclusion of patient outcomes as a result of this intervention would be an excellent recommendation for the future expansion of the QIP. At this point in time, we can only speculate that the outcome of our intervention and the eventual change in practice patterns among our anesthesia providers will lead to a significant improvement and reduction in the incidences of PONV.

Implications

The education module and the PONV toolkit present an excellent opportunity for anesthesia practitioners to increase their base knowledge on the clinical problem and increase their ability to apply evidence-based PONV practice guidelines. Its usefulness can be expanded to the entire healthcare practitioners involved in the peri-operative area. For example, a modified PONV education module can be incorporated and utilized in the didactic training of specialty practice nurses and we have envision an expanded QIP that incorporates a PONV teaching module designed for surgical patients. Furthermore, the reduced-item scale (18-item questionnaire) has good internal consistency and can be used to assess knowledge acquisition between pre and post administration in future studies.