Incorporating Office Procedure Skills into a Family Nurse Practitioner Program

Nurse practitioners are increasingly providing more of the primary care in the United States (Poghosyan, Lucero, Rauch, & Berkowitz, 2012). Although specific clinical training in office procedures is not listed in the Nurse Practitioner Core Competencies (National Organization of Nurse Practitioner Faculties, 2011), it is increasingly important for practice. In an effort to expose our family nurse practitioner students to several procedural skills used in clinical practice, we provided a series of workshops using commercial videos and props.

Incision and Drainage Demonstrations

Abscesses are a common occurrence in primary care settings. Students practiced administering a variety of nerve blocks using simulated lidocaine before performing incisions on chicken breasts. The chicken was prepped using a syringe to fill small red balloons with strawberry yogurt to simulate pus. The filled balloons were placed under the skin on chicken thighs, legs, and breasts. The outer skin was patted with red food coloring. Disposable scalpels, gloves, and protective equipment were used, as were irrigating syringes and needle holders. After the abscesses were evacuated, ribbon-shaped packing strips were placed inside the wounds.

Digital Blocks

The ability to administer a digital nerve block with lidocaine is an important skill in the primary care setting to prepare for painful procedures, such as the removal of ingrown nails and suturing lacerations. To facilitate training, a local supermarket butcher customized the length of a pig’s foot, providing a stable base on which students could practice suturing. In future sessions, we asked that the pig’s feet also be cut lengthwise, which did not compromise the simulation but provided twice as many props.

Fishhook Removal

Three methods of removing a fishhook were demonstrated in an instructional video by Fitzgerald Educational Associates (2009) and then practiced on props. The props consisted of chicken breasts in which fishhooks were embedded. The techniques included covering the embedded barb with an 18-gauge needle and backing the hook out, advancing the barb outside the skin and cutting it off with wire cutters, and then applying tension to the barb while pulling the hook out with a piece of cord wrapped around it.

Suturing Workshop

This simulation allowed students to once again practice lidocaine field blocks prior to suturing. We later found hot dogs and commercial practice pads to be much easier to suture than pig’s feet and chicken breasts, as they were not as tough to get the needle through. A suturing video was viewed, and then suturing was practiced under the guidance of faculty. A variety of stapling guns were provided to students to practice applying staples to simulated wounds. Staple-removing kits were also available for the students to practice removing staples.

Electrocardiogram Interpretation

The focus of this session was to explain the basics on determining heart rate, identifying wave forms, and recognizing common dysrhythmias. An advanced session was held later to discuss the various presentations of heart block and how to identify first-, second-, and third-degree heart blocks on an electrocardiogram. Sessions were taught using a PowerPoint® presentation, and handouts were provided. These included 6-second electrocardiogram tracings of sinus and atrial rhythms, with areas to record rate, wave form measurements, and rhythm. Calipers were supplied to all those participating.

Conclusion

These sessions gave the students hands-on experience with the lidocaine administration, fish hook removal, digital blocks, electrocardiogram interpretation, and a few basic sutures. Student evaluations were overwhelmingly positive. They felt empowered to take on additional training at their practice sites. We plan to incorporate these skill sessions into our regular curriculum, as they provide a basis for practice and understanding of some of the office procedures nurse practitioner graduates may be called on to perform.

References


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