



# Using simulation as a method to improve pediatric nurses skills in assisting circumcision procedure.

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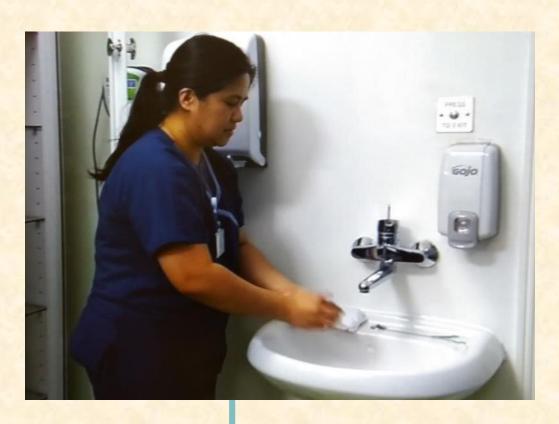
## Introduction

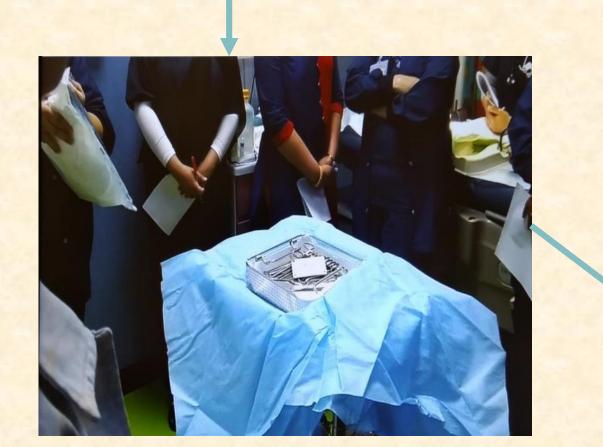
Due to many reasons related to cost effectiveness, increase waiting time, operational issues and insurance coverage, the circumcision procedure was moved from Day Surgery to Pediatric Unit. Although pediatric nurses deals with children, however none of the staff have experience in assisting in circumcision procedure. Literature review shows many benefits of using simulation in improving staff knowledge, skills, attitude, satisfaction, self-confidence and patient safety.

## Purpose

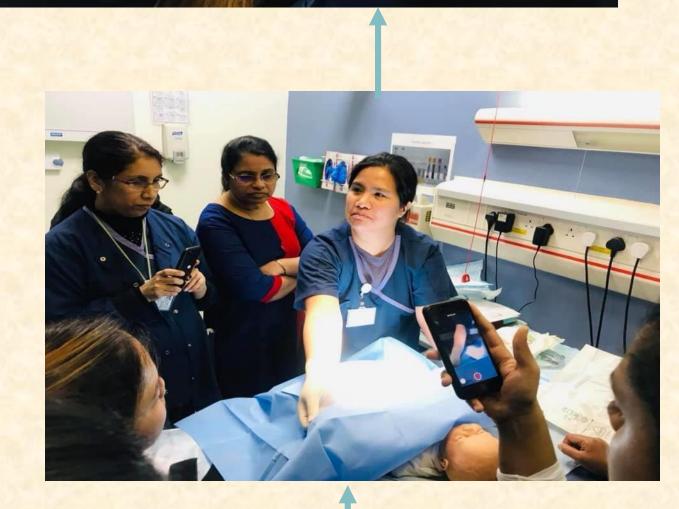
The purpose of this presentation is to share results of study on using Low-Fidelity simulation as a way to improve pediatric skills in assisting circumcision

### Starts procedure











## Method

Descriptive design used, the study was conducted in pediatric unit in one government hospital in UAE. A convenient sample included pediatric nurses, physicians and managers. Several meeting were conducted to arrange the project commencement, consumable resources and staff scheduling were arranged. Instructional material, video and competencies were sent to staff, and 8 hours Low-Fidelity Simulation was used to assess staff knowledge, skill and attitude. After simulation, pediatric staff were supervised by Operating Theatre nurse for two procedures and later on pediatric staff were conducting the procedure alone. Feedback collected from nurses, manager and doctors by using open ended questions.

COMPETENCY AREAS  PRE-REQUISITE SKILLS / Knowledge  Discuss the indication, method used and special considerations related to ircumcision procedure.  List out the contraindications of the procedure (e.g. infections, respiratory instress, hypothermia, abnormalities of genitourinary tract, bleeding isorder etc.)  Mention the importance of aseptic technique & maintaining a sterile ideld.  Ability to operate the electrocautery (diathermy) machine by:  Checking the machine and accessories for visible damage of	Met	Comment
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<ul> <li>Checking the machine and accessories for visible damage of</li> </ul>		
insulation.		
<ul> <li>Setting the bipolar function within safe range and/or according to surgeon's preference.</li> </ul>		
<ul> <li>Moving &amp; positioning the electrocautery machine &amp; foot pedal accordingly.</li> </ul>		
REPARATION / Attitude / Circulating Nurse		
Perform hand hygiene.		
Confirm patient's identity using at least two patient identifiers with the arents or guardians (address their concern if there is any and reinforce the surgeon's explanation of the procedure).		
Verify surgeon's order for Circumcision in the patient's MAR.		
Conduct a pre-procedure verification of the patient by ensuring that the informed consent for surgery has been obtained, matched to the patient's dentifiers & available in the patient's file.		
Notify the surgeon of any conditions that may contraindicate the procedure.  Cransport patient to Treatment/ Procedure Area via cot appropriately.		



After procedure, goes back to family

# References

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## Result

The following themes were generated from open ended questions,



nurses' feedback before simulation: overwhelmed, physician refusal and fear. After simulation: confident, have enough time to practice, physician approval

Nurse Manager Feedback: before simulation: overtime concern and resources issues. After simulation: satisfied





Physicians' feedback: before simulation: Hesitancy and time consuming. After simulation: satisfied and procedure managed on time.

## Conclusion

Simulation helped in moving circumcision procedure from day surgery to pediatric unit. The process was successful in pediatric unit although there was many concerns at the beginning of the project from multidisciplinary team, however, after use of simulation, staff, physicians and manager were satisfied. The project has resulted in creation of training plan with competencies and list of resources outside the day surgery unit.

. Circumcision set	
2. G18 blunt needle	
. G27 needle	
. Tuberculin syringe	
. Betadine	
Gauze 10x10	
. Gauze swab Raytec	
. Drape Aperture or Split Drape	***
. Lidocaine 1% injection (Plain)	
Lidocaine 1% gel	
Normal Saline	
2. Prep set	
<ol><li>Sterile gloves for nurse/doctor</li></ol>	
Monocryl 4/0 sutures(if applicable)	
5. Bactigras 5x5 (if with sutures)	
6. Underpads	
7. Diaper	
Plastibel different sizes	(be available on bedside)
MSTRAINTS FOR RESTRAINING THE BA	ABY  10watts) to get from OT every thursday

# Acknowledgement

I would like to acknowledge the significant contribution made by members of this Projects.