**Teaching Project Summary Paper**

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NUR 402: Nurse as Educator

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It is estimated that between 700,000-1,000,000 people fall in the hospital setting each year. One in five falls causes a serious injury such as broken bones, head injuries and even death. According to Barker et al., falls remain a common cause of harm to patients in acute hospitals worldwide (2016). The cost of a fall for the hospital is extremely expensive due to an increase in the use of personnel and length of stay by at least six days. I chose to focus on a problem that I see on my unit and that is the frequent misuse of bed and chair alarms. I work on a neurological unit and patients with neurological diagnoses have an exceptional risk for falls due to their high acuity and variability physiological and psychological side effects of stroke and other neurological conditions. My unit has the highest fall rate in the entire hospital. I thought it would be a good idea to teach or refresh my co workers on the reasons for using bed and chair alarms. This way we all can contribute to reducing the falls with patients on our floor. I referred to the Scope and Standards of Practice for Neuroscience Nurses by the American Nurse Association. I followed the education plan under the Standards of Professional Performance for Neuroscience Nursing standard 12 Education and standard 14 which was quality of practice (2019, pp 51-53). These standards were crucial in my teaching this topic and are imperative to nurses as nursing is lifelong learning.

I created an anonymous self-assessment questionnaire to better understand how my coworkers felt about their own practices, how they like to learn, and how important certain factors influence their learning like length of session, food, additional pay etc. A total of twenty people participated in my survey. This assessment was made up of mostly RNs (13 total all Caucasian), 2 LPNs (one Caucasian and one African American) and 5 CNAs (three African American and two Caucasian). Ages of those assessed ranged from early 20s to 50s. I feel the barrier to the group was the ages. I noticed that the 20-year-olds were not as “focused” or did not seem to care as much as the older staff members. This group was the target audience because they are the ones primarily performing patient care and would benefit the most from education on the misuse of bed and chair alarms.

When assessing my unit, I noticed that most of the staff members indicated that they thought they set the alarms prior to leaving the patient’s room but did not make sure. I also found out that many thought it was who ever was in the room last responsibility to double check the alarms. Staff members also indicated that not having enough time to do things due to staffing shortages have caused some to “skip” or rush through things which often causes them to miss some things that should’ve been done like making sure the patient’s needs have been addressed and the bed and or chair alarms are properly set. Ninety percent of those surveyed preferred to learn through lecture while all indicated that the training being paid was a must and the time of the session mattered if they wanted to attend or not. I was amazed at some to the responses and expected others. Sadly, the CNAs were the ones who stated that it was the nurse’s responsibility to make sure proper alarms were on. This realization made it imperative to educate everyone on the misuse of bed and chair alarms.

I decided to continue with this teaching not only for the patient’s sake, but also for the staff. It is important that everyone is on the same page with responsibilities. It is the responsibility of all staff members to keep the patient safe, not just the nurses. This way of thinking will continue to cause high fall rates in the hospitals if not addressed and changed. Since this type of education requires lecture and return demonstration that was how I approached the ordeal. With the staff members present, we first discussed the obvious which was who were the alarms for. Then we discussed the importance of using bed and chair alarms, watched a few short videos on bed and chair alarms and how to set them properly. Once this was done, I demonstrated proper setting of the alarms. This required role playing as some of the nurses were in the role of patients since we could not use actual patients due to HIPAA regulations. The bed alarms used on the unit have different settings and we discussed which setting would be for what type of patient. Each participant watched me demonstrate turning on the alarms for several different patients and took turns demonstrating the task themselves to ensure they understood. Everyone knew how to set the alarm, but a few failed to check to make sure it was set. We also discussed making sure the bed was always in the lowest position and all necessary items that the patient may need are within their reach. These are some of the reasons why patients fall as they are reaching for cell phones, drinks, call bells etc.

The day did not go as planned as it was hard to get all the staff members present at the same time due to working. There were several times when they had to leave and come back which caused me to repeat a lot of what I was saying to ensure they were receiving the proper education. I did not have as many staff members actively participate in the teaching session that participated in the survey. There were some whom I did not think took the session seriously as they were talking on phones or to other peers. I did make a comment indicating that I was aware that this (learning how to properly use bed and chair alarms) were simple, but if it were that simple, we would not have such an issue on the unit. This comment got the attention of some, but not of all.

The learning theory that I believe relates to my teaching methods was the social learning theory. The Social learning theory closely resembles my teaching method because it maps out a perspective on learning that includes consideration of the personal characteristics of the learner, behavior patterns, and the environment (Bastable, 2019). The questionnaire that I gave to the staff members was the tool used to find out how the individuals learned, what influenced their learning and the environment they preferred to learn in. Role modeling is a central concept of social learning theory. Those that participated in the teaching sessions used me as a role model when demonstrating techniques on using the bed and chair alarms. Also, some that may not have paid much attention or did not care to be there just mimic what they may have seen someone else do. I feel like I used traditional methods of learning based on ways of communication on my unit. Also used some technology with videos so that there was a visual aid that helps most learn better.

As far as evaluation, participants were “checked off” when they were able to successfully complete the return demonstration of setting bed and chair alarms. I also handed out an anonymous follow up questionnaire which ask questions pertaining to what they learned, how effective I was, and overall confidence in their ability to understand the importance of properly using bed and chair alarms. Overall, the instructional goals were met. Participants were able to properly demonstrate using bed and chair alarms. I started to stress the importance of using the alarms because if a person feels as if it is important then he or she would be more inclined to do things correctly.

In summary, this experienced gave me a new look at teaching and educators. Like I have always said, teaching is something that occurs even when we don’t know it is. It is hard being an educator who wants to teach others how to do something or how to think a certain way. People are individuals and have their own minds and most times an educator is spending more time trying to figure out the learner and how they learn than teaching the subject in the first place. The phrase, “you don’t know how hard something is until you try it yourself” is very true when trying to teach others who do not think or learn the way you do. Although frustrating, this was a great experience, and I am grateful for the opportunity and hope to be able to do it again.

**References**

American Association of Neurosciences Nurses. (2019). Neuroscience nursing: scope and

standards of practice (3rd ed.). Silver Spring.

Barker, A., Morello, R., Wolfe, R., Brand, C., Haines, T., Hill, K., Brauer, S., Botti, M.,

Cumming, R., Livingston, P., Sherrington, C., Zavarsek, S., Lindley, R., &

Karmar, J., (2016). 6-Pack programme to decrease fall injuries in acute hospitals: cluster

randomised controlled trial. *British Journal of Medicine*. <http://10.1136/bmj.h6781>

Bastable, S. (2019). *Nurse as Educator. Principles of teaching and learning for nursing practice.* 5th ed. Jones & Bartlett Learning.

1. **Assessment tool**

**Appendix**

**Staff Educational Needs Assessment**

The purpose of this anonymous questionnaire is to gather educational needs of staff in preparing an educational session for NUR 402 Nurse as Educator class for Old Dominion University’s RN-BSN program that may be conducted with our peers at Riverside Regional Medical Center. Please answer the following questions.

1. Please indicated your occupational status. (Clinical personnel only)

* RN
* LPN
* CNA

1. Which of the following teaching methods BEST describes you? Select up to 5 educational formats that you are most likely to participate in.

* Lectures
* Independent studies (clarify by selecting from below)
  + Computer-Based Learning (CBLs)
  + Reading materials
  + Online PowerPoint presentations
  + Videos
* Off campus conferences
* Inservice teaching
* Institutional sessions (off shift)

1. How important is the length of education sessions?

* Very
* Neutral
* Not at all

1. How long do you prefer teaching sessions to be?

* >30 minutes
* 30 minutes – 1 hour
* + 1 hours

1. What influences you to attend non mandatory educational offering? Select all that apply.

* Food
* Extra paid time
* Convenience of place
* Level of interest
* Interest in speaker/presenter
* Convenience of time

**Topic**

***Misuse of bed and chair alarms are a common problem seen throughout the hospital. This is challenged by proper and adequate education.***

1. Do you feel like you understand the purpose of using bed and chair alarms?

* Yes
* Somewhat
* No

1. How confident are you in using bed and chair alarms?

* Confident
* Somewhat confident
* Not at all confident

1. How often do you set the bed and or chair alarms?

* Always set
* Sometimes set
* Never set

1. Who do you feel is responsible for the setting of the bed and chair alarms?

* Nurses
* CNAs
* Patients
* Anyone who enters and exits the room

**B. Videos**

[**https://www.youtube.com/watch?v=JDWsTuImO6A**](https://www.youtube.com/watch?v=JDWsTuImO6A)

[**https://www.youtube.com/watch?v=fehkQfg8dFQ**](https://www.youtube.com/watch?v=fehkQfg8dFQ)

[**https://www.youtube.com/watch?v=HenJ-fHmukE**](https://www.youtube.com/watch?v=HenJ-fHmukE)

**TEACHING PROJECT SUMMARY PAPER**

**GRADE SHEET**

|  |  |  |
| --- | --- | --- |
| Grading Criteria | Comments | Points |
| Introduction **(10)**   * Overview of project and description of problem that was addressed by the instructional intervention * Specialty-specific standards are described, and relationship to project established |  |  |
| Needs Assessment **(15)**   * Includes information that establishes need for instruction, as well as the needs of the learner * Target Audience: Features and demographics of target group are described * Assessment strategy |  |  |
| Teaching Plan (**15)**   * Objectives are consistent with purpose and goals of the instruction * Content is relevant to the objectives * Method of instruction, time and resources are appropriate for the objectives |  |  |
| Implementation **(15)**   * At least 1 learning theory is used to support the choice of instructional methods * Cultural considerations related to instructional methods selected for use are addressed * Obstacles and/or barriers encountered |  |  |
| Evaluation **(15)**   * Methods are described and results presented * Changes discussed if needed |  |  |
| Summary **(10)**   * Reflects on the project and the personal learning that occurred |  |  |
| References **(10)**   * The citation of 3 relevant sources from the professional nursing literature (above and beyond course textbooks) are included in the text of the paper and on the reference page. |  |  |
| Format & Style (**10)**   * + APA Format   + Grammar, spelling, punctuation   + Not to exceed 5 pages   + Honor Code |  |  |
| **Total** |  |  |

**HONOR CODE:**

“I pledge to support the Honor System of Old Dominion University. I will refrain from any form of academic dishonesty or deception, such as cheating or plagiarism. I am aware that as a member of the academic community, it is my responsibility to turn in all suspected violators of the Honor Code. I will report to a hearing if summoned.”

Name: Tina D. Leatherbury Date: August 1, 2021