

Teaching Nursing Students to Provide Transitional Education to Heart Failure Patients Using a Peer Teaching Strategy

Margaret Avallone DNP, RN, CCRN

Renee Cantwell, DNP, RN, CNE, CPHQ

Rutgers School of Nursing at Camden

Camden, NJ, USA



Learner Objectives:

By the end of this presentation the learner will be able to:

- 1) Describe the rationale for the development of the Transitional Heart Failure Educational program for nursing students.
- 2) Identify strategies using peer teaching that may be applicable to the participant's practice.

Presenter:

Margaret Avallone DNP, RN, CCRN.

Clinical Assistant Professor, Rutgers University School of Nursing-Camden, NJ.
USA

Disclosure:

The course author attests that no relevant financial relationship exists between her and any commercial entity which would present a conflict of interest.



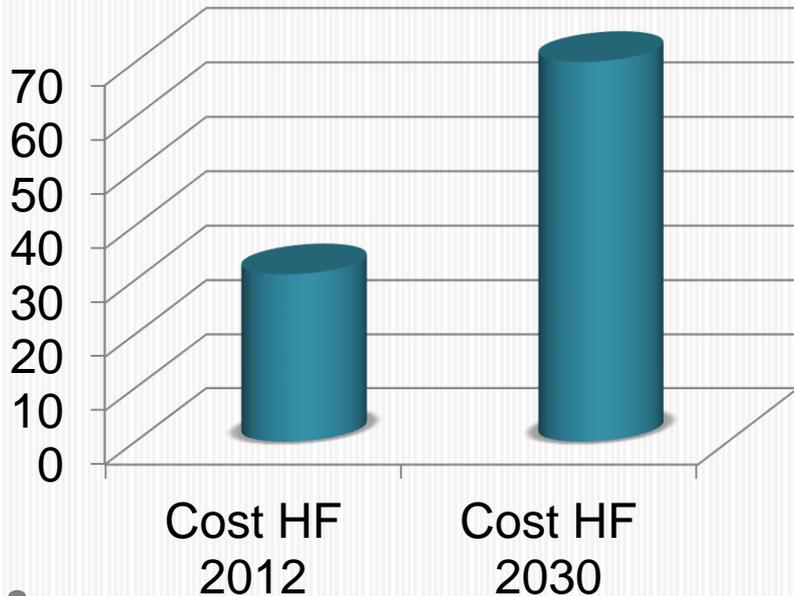
The Problem

- Heart Failure (HF) affects 26 million individuals worldwide.
- Prevalence is increasing with an aging population.



Quality and Cost Burden:

Cost of Heart Failure Billions of \$\$



- Frequent cause of hospital admission in patients over the age of 65 in the U.S.
- Unplanned Readmissions within 30 days (Fida & Pina)
- The total cost of HF is expected to continue to rise.

Heart Failure: Complex Coordination Issues



- Elderly patient population
- Complex plan of care
- Poor discharge planning
- Medication reconciliation mistakes
- *Ineffective patient education*



Transitional Care

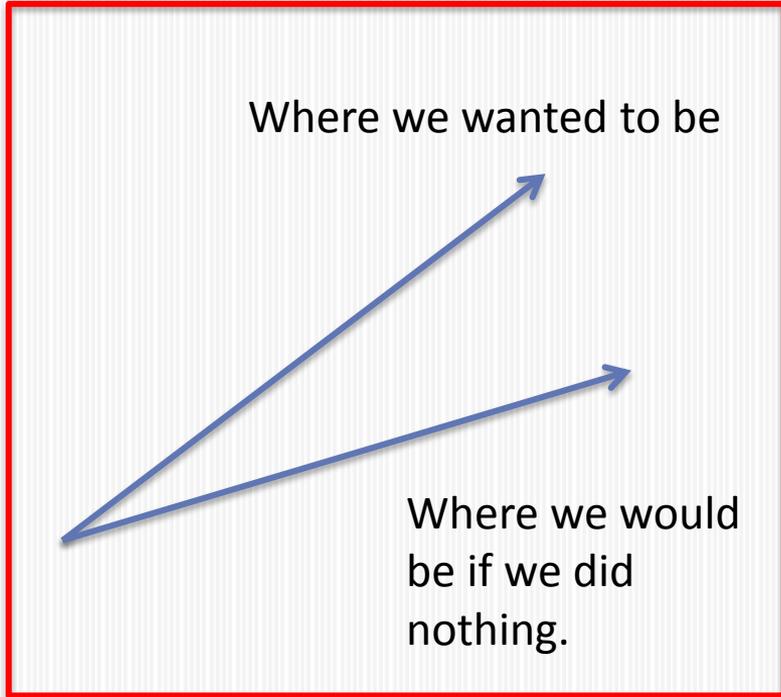
Bridges the care of patients from one setting to another.

Coordination and continuity

RWJ/IHI: Transforming Care at the Bedside How to Guide: Creating an Ideal Transition home for Patients with Heart Failure (Nielsen, et al, 2008)

Our Students:

Gap Analysis:



- **Needs Assessment:**
Gaps in *knowledge* and *confidence* in these areas:
 - HF Basics
 - Essential HF patient education
 - Transitional Care
 - Health Literacy
 - Patient-centered care *attitudes*

Project Description

- Purpose: Provide ABSN students at Rutgers University-Camden, NJ, with the *knowledge, skills, and attitudes* to provide effective patient-centered transitional educational to HF patients.



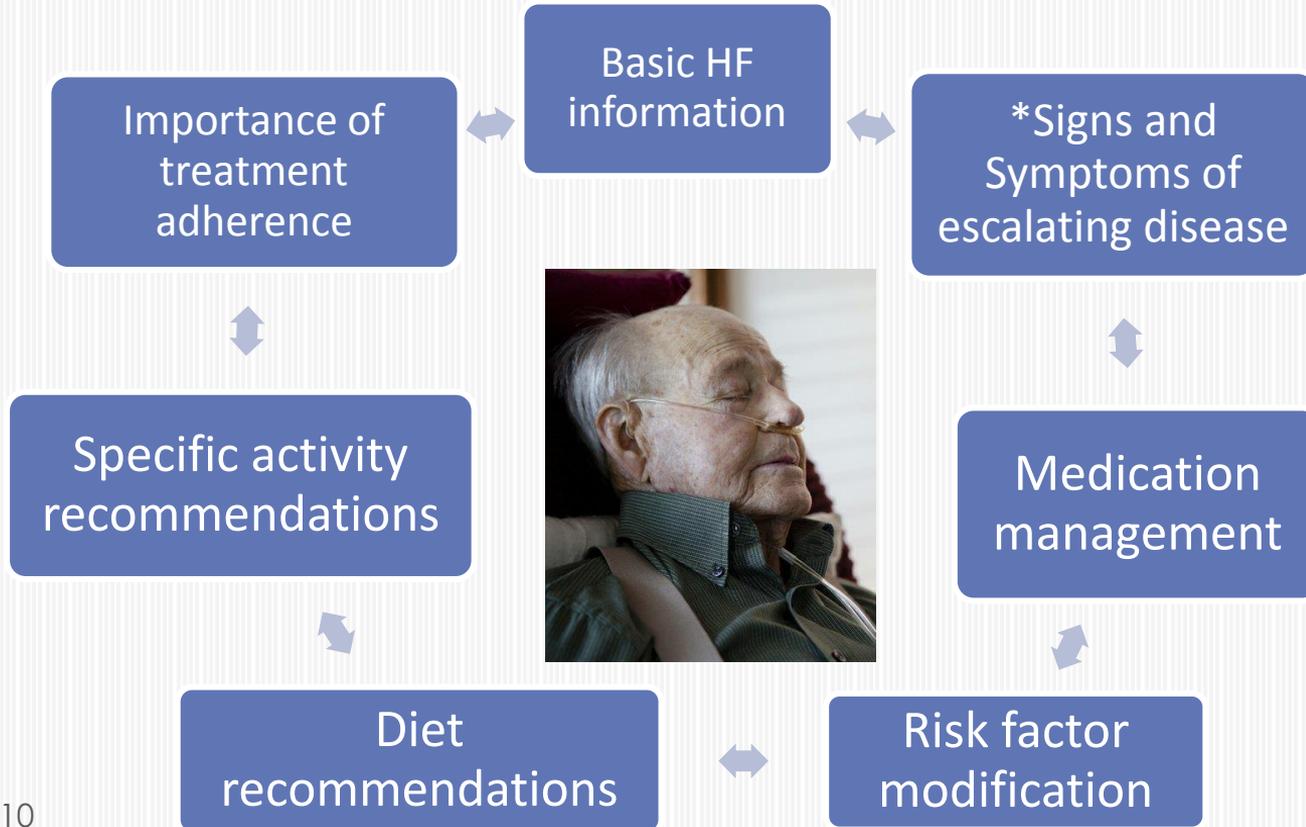
Study Questions



Would participation in the *Heart Failure Student Education Program* affect student:

- Knowledge of **HF signs and symptoms?**
- Knowledge of **Essentials of HF Transitional Patient Education?**
- Confidence in ability to utilize **Teach-Back?**
- Confidence in ability to perform **HF patient education?**

Essential Elements of HF Patient Education



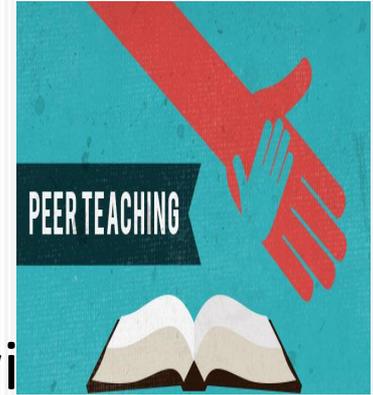
Teach-Back

- Health-Literacy Strategy
- Asks the patient to recall and restate what they have been told.
- “Closing the loop”.
- One of 11 top patient safety practices (NQF).



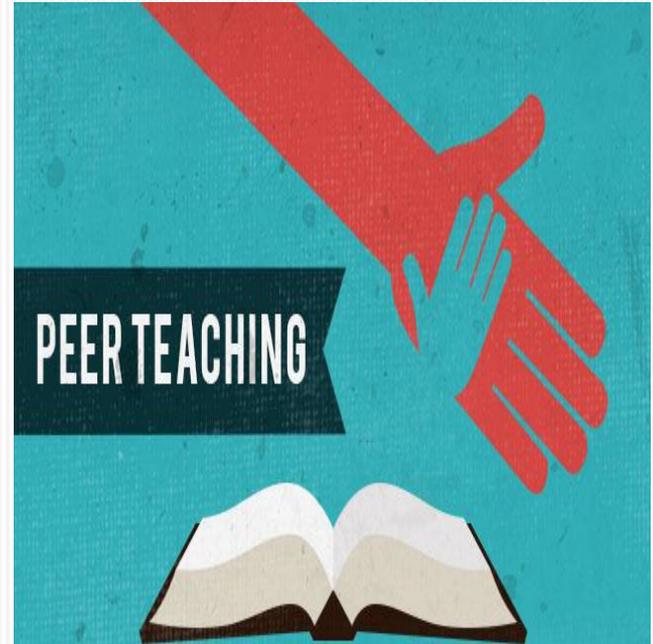
Our Program:

- Two-hour educational program for second-semester ABS Adult Health I students.
- Educational strategies: case study, role play with a peer teaching and learning strategy.
- “Academic Ambassadors” (select fourth semester students) presented program content to second semester students.
- Role of faculty: facilitation



- Enhances learning, develops competence, and promotes professional development of *both teacher and learner* (Goldsmith, Stewart, Ferguson, 2006, Secomb, 2007).
- Increases student efficacy and knowledge (Brannagan, et al., 2013).
- Consistent with Adult Learning Theory (Knowles, 1984).

Peer Teaching and Learning



Academic Ambassador Program

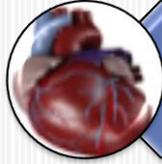
- Academic Ambassadors must meet rigorous academic standards and attend training sessions.
- Student Ambassadors participating in this study completed additional training and preparation specific to Heart Failure educational topics.



Methods



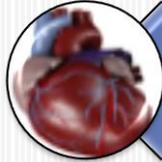
Quantitative, pre-test, post-test descriptive study



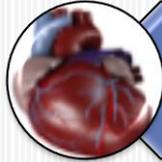
Implemented during the Fall 2013 and Spring 2014 semesters



Rutgers University IRB review: received exempt status.



Sample: 53 Level 2 students (Adult Health I) and 9 Academic Ambassadors



Data collection: Data collected at the beginning and the end of the 2-hour program.

Program Overview



- Peer Teachers presented content using case study and role play.
- Role play of ineffective patient education with no Teach-Back, followed by debriefing.
- Role play of effective patient education using Teach-Back, followed by debriefing.
- Small group practice with peer teachers facilitating.

Data Collection

Pretest-Posttest measurement of knowledge:

Essential Elements of Patient Education

Escalating signs/symptoms of HF

Ability to use Teach-Back in a sentence

Data Collection (cont.)

Pretest-Post test *Confidence* in ability to perform:

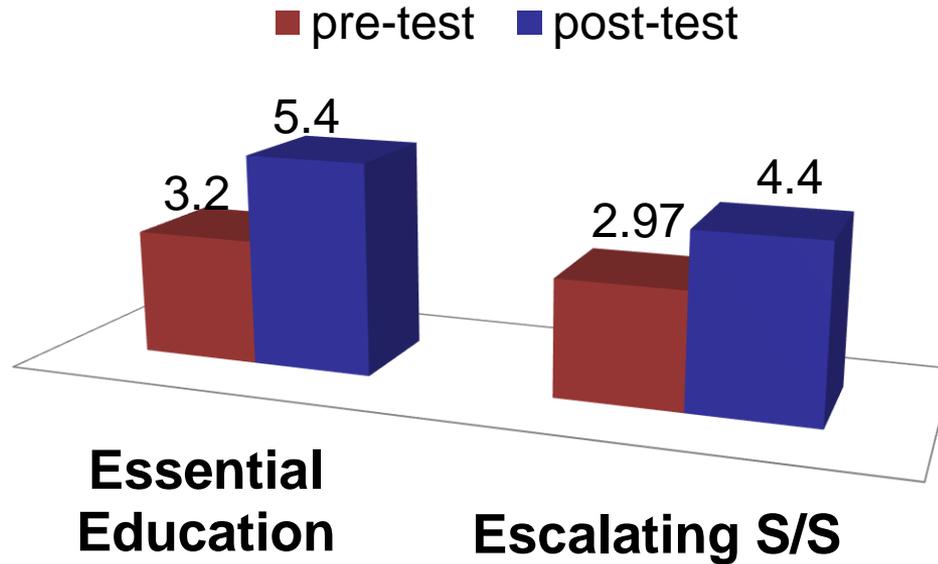
HF assessment

HF Patient Education

Teach-Back techniques

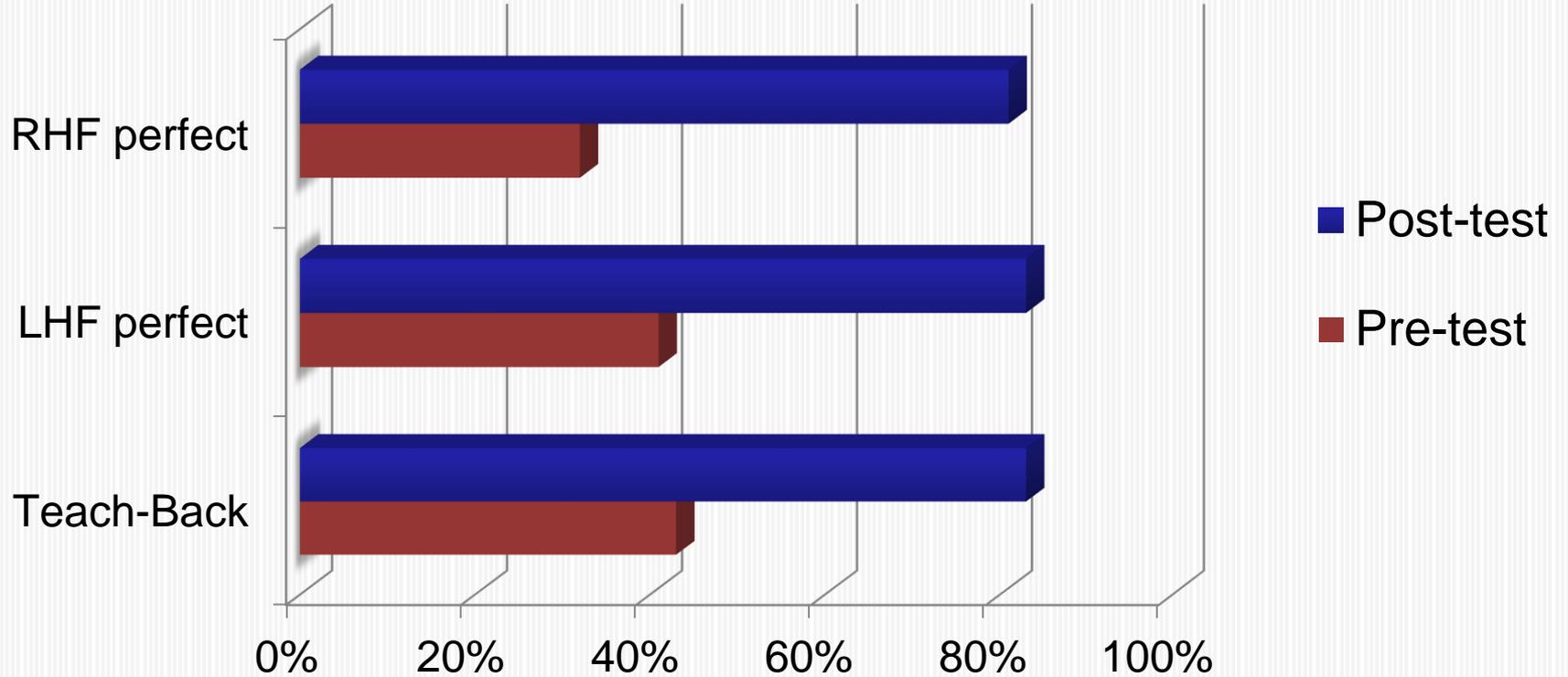
Results

Knowledge Measures

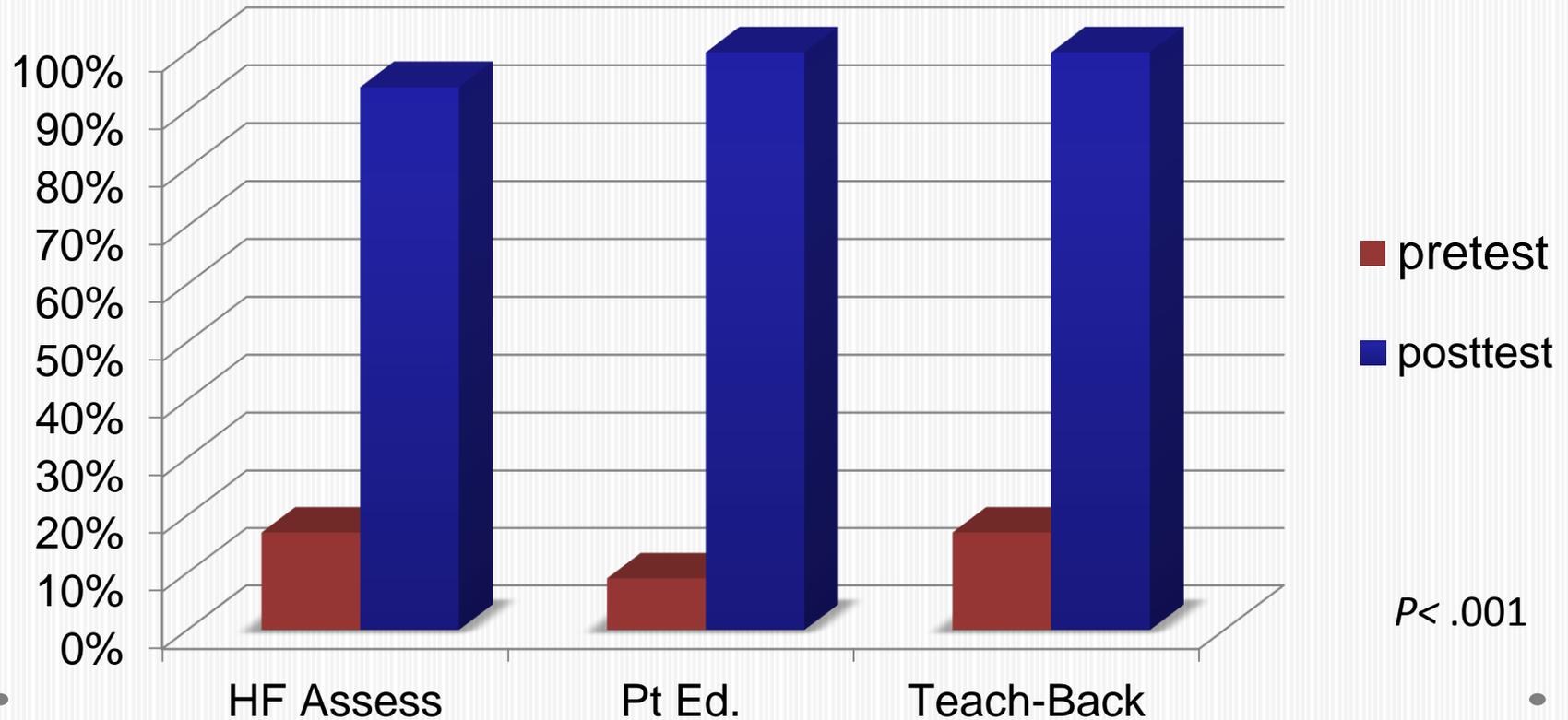


$p < .001$

Results: Knowledge Measures



Results: Confidence Measures



Peer Teacher Evaluations: Open-ended Comments

“This is a great way to reinforce information to students.”

“It helps to hear the information in different ways”

“It’s a really good way to show different examples of how to learn”.

Peer Teachers Open-Ended Comments (cont).

“This was a good teaching method, not only for the Adult Health students, but for the peer teachers too!”

“We can relate to what the second-semester students are going through, so this was a great program”.

“I felt this program gave me confidence and experience as a leader”.

Challenges



- Coordination of class schedules- Adult Health I class and Academic Ambassadors
- Training time for Peer Teachers
- Consistency in messaging among Peer Teachers
- *** Key factor for success: **Adequate training of Peer Teachers.**

Unexpected Benefits



- Bonding between the students
- Peer Teachers perceived as leaders.
- Peer Teachers: “I know something!”
- Adult Health students were encouraged. “I can make it too.”

Recommendations

Future Directions



- Increase sample size
- Standardize tool for Teach-Back evaluation
- Implement/Evaluate in the clinical area with patients and students.
- Incorporate qualitative component to data collection to assess student perceptions.

References

- Agency for Healthcare Research and Quality. Healthcare Innovations. Heart Failure red/yellow/green patient education sheet. Retrieved from: Agency for Healthcare Research and Quality (AHRQ) HF : http://www.improvingchroniccare.org/downloads/rygchf_copy1.doc
- Brannagan, K., Dellinger, A., Thomas, J., Mitchell, Lewis-Trabeaus, S.L., Dupre, S. (2013). Impact of peer teaching on nursing students: perception of learning environment, self-efficacy, and knowledge. *Nursing Education Today*, 33, 1440-1447.
- Brooks Carthon, J.M., Lasater, K.B., Sloane, D.M., Kutney-Lee, A. (2015). The quality of hospital work environments and missed nursing care is linked to heart failure readmissions: a cross-sectional study of US hospitals. *BMJ Quality Safety* 24: 255-263: doi: 10.1136/bmjqs-2014-003346
- Goldsmith, M., Stewart, L., Ferguson, L. (2006). Peer learning partnership: an innovative strategy to enhance skill acquisition in nursing students. *Nursing Education Today*. 26, 123-130.
- Knowles, M. (1984). *The Adult Learner: a Neglected Species, third edition*. Gulf Publishing Co: Houston.
- Lindenfeld, J., Albert, N.M., Boehmer, J.P., Collings, S.P., Ezekowitz, J.A., Gvertz, M.N.,...Walsh, M.N. (2010). Executive Summary: HFSA 2010 Comprehensive HF Practice Guideline. *Journal of Cardiac Failure*. 16: 475-539. Doi: 10.1016/j.cardfail.2010.04.005
- National Quality Forum. (2010). Safe practices for better healthcare: 2010 Update. A consensus report. Retrieved from [http://www.qualityforum.org/Publications/2010/04/Safe Practices for Better Healthcare-2010 Update.aspx](http://www.qualityforum.org/Publications/2010/04/Safe_Practices_for_Better_Healthcare-2010_Update.aspx).

References

- Nielsen, G.A., Bartley, A., Coleman, E., Resar, R., Rutherford, P., Souw, D., Taylor, J. (2008). *Transforming Care at the Bedside How-To Guide: Creating an Ideal Transition Home for patients with HF*. Cambridge, MA. Institute for Healthcare Improvement: retrieved September 13, 2013 from: <http://www.ihl.org/resources/Pages/Tools/TCAB-HowTo> GuideTransitionHomeforHF.asp.x
- Roger, V.L., Go, A.S., Lloyd-Jones, D.M., Benjamin E.J., Berry, J.D., Borden, W.B., et al. (2012). Heart disease and stroke statistics- 2012 update: a report from the American Heart Association. *Circulation*. 125(1). E2-220.
- Rudd, R.E. (2010). Improving America's health literacy. *New England Journal of Medicine*. 363: 2283-2285.
- Secomb, J. (2007). A systematic review of peer teaching and learning in clinical education. *Journal of Clinical Nursing*. 17, 703-716. Doi: 10.1111/j.1365-2702.2007.01954.x
- Schillinger, D., Piette J., Grumbach, K, (2003). Closing the loop: physician communication with diabetic patients who have low health literacy. *Archives of Internal Medicine*. 163, 83-90.
- White, M., Garbez, R., Carroll, M., Brinker, E., Howie-Esquivel, J. (2013). Is Teach-Back Associated with knowledge retention and Hospital readmission in hospitalized heart failure patients? *Journal of Cardiovascular Nursing*, 28, 137-146.