

Title:

F.A.S.T. Stroke Care: Teaching Ambulatory Care Staff a Rapid Response

Jonni J Dennis*School of Nursing, Chamberlain College of Nursing, Addison, IL, USA***Session Title:**

Rising Stars of Nursing Invited Posters - Group 1

Slot (superslotted):

RSG STR 1: Thursday, September 25, 2014: 9:45 AM-10:30 AM

Slot (superslotted):

RSG STR 1: Thursday, September 25, 2014: 2:30 PM-3:15 PM

Keywords:

CE(continuing education) program, F.A.S.T.; and RRT(rapid response team)

References:

Anderson, D., Larson, D., Bluhm, J., Charipar, R., Fiscus, L., Hanson, M., Larson, J., ... Zinkel, A. (2012). In Institute for Clinical Systems Improvement (Ed.), Diagnosis and initial treatment of ischemic stroke [Guideline]. Retrieved from http://www.icsi.org/_asset/xql3xv?Stroke-Interactive0712.pd

ASA. (2014). In American Stroke Association (ASA) (Ed.), Stroke warning signs. Retrieved from http://www.strokeassociation.org/StrokeORG/WarningSigns/Stroke-Warning-Signs-and-Symptoms_UCM_308528_SubHomePage.jspXXX

Boyer, E. (1997). Scholarship reconsidered: Priorities of the professoriate. San Francisco, CA: Jossey-Bass.

National Stroke Association. (2013). Explaining stroke. Retrieved from http://www.stroke.org/site/DocServer/ExplainingStroke_web.pdf?docID=3321

National Institute of Neurological Disorders and Stroke. Retrieved from <http://www.ninds.nih.gov>

Sutter Health. (2014). Sutter stroke center. Retrieved from <http://www.sutterstroke.or>

Wittmann-Price, R. A., Godshall, M., & Wilson, L. (2013). Certified nurse educator(CNE) review manual (2nd ed.). NY, NY: Springer Publishing.

Learning Activity:

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE	TIME ALLOTTED	FACULTY/SPEAKER	TEACHING/LEARNING METHOD	EVALUATION/FEEDBACK
Example Critique selected definition of the term, "curriculum"	Example Definitions of "curriculum" Course of study Arrangements of	Example 20 minutes	Example Name, Credentials	Example Lecture PowerPoint presentation Participant feedback	Example Group discussion: What does cultural training mean to you?

	<p>instructional materials</p> <p>The subject matter that is taught</p> <p>Cultural "training"</p> <p>Planned engagement of learners</p>				
<p>Explain the purpose of the educational component used to create a successful, interactive CE program using the F.A.S.T. model for ambulatory care nurses.</p>	<p>Purpose of educational components convey objectives and outcomes; fosters critical thinking; creates motivated and independent learners; provides for different learning styles; evaluates learning; promotes inquiry for further knowledge</p>	<p>10 minutes</p>	<p>Jonni Dennis</p>	<p>poster</p>	<p>What educational component in the F.A.S.T. CE program assesses participant learning prior to post test?</p>

	e about topic				
Identify untapped areas for research relevant to gaps in the stroke management network.	Name research possibilities Number of Stroke patients treated by RRT in Ambulatory care; Identify number of pre-hospital interventions completed before EMS arrival; Identify amount of time spent with each Stroke patient before arrival of EMS; Identify Stroke patient's reason for visiting the ambulatory Care Center-are they a patient, visitor,	10 minutes	Jonni Dennis	Poster	Pick a research question that identifies need for pre-hospital care.

	employee , other?				
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Abstract Text:

Introduction/Background: Guided by the American Heart Association and American Stroke Associations (AHA/ASA), National Stroke Association, the Institute for Clinical Systems Improvement, and National Institute of Neurological Disorders and Stroke (NINDS), pre-hospital Stroke care has been a long time collaborative effort among emergency medical services (EMS) personnel, emergency departments (ED), and Healthcare professionals specializing in Stroke (Anderson et al., 2012). However, in the area surrounding the Sutter Health Primary Stroke Center, Ambulatory Care Centers are not commonly regarded as playing a significant part in the “Stroke Chain of Survival” the name used in healthcare to describe the network of Stroke management . This neglect to value Ambulatory Care staff is surprising in light of the possibility of patients, visitors, or employees experiencing the onset of Stroke symptoms while in an ambulatory facility. While EMS providers express concern that stroke patients may stop calling 911 first if they see Ambulatory Care clinics as the first link in the Stroke chain, rapid response team (RRT) members and other nursing staff prepared to care for Stroke emergencies is much different than encouraging patients to come to the clinic instead of calling for EMS. The Institute for Clinical Systems Improvement designed Stroke Algorithms for Ambulatory clinics, however the RRT and other staff members denied being aware of current guidelines.

Following discussions with the Certified Nurse Educator, the Ambulatory Care campus site leader, Sutter Health Primary Stroke Center coordinator, other expert professionals, and RRT, a long overlooked gap in stroke care management was discovered. Learning needs identified were learning and practicing the NIH Stroke Scale, a standard among all emergency and acute Stroke care providers.

The purpose of introducing F.A.S.T. for the RRT in Ambulatory Care was twofold. It fulfilled the requirements for the graduate nursing student Practicum teaching project, and provided much needed education for the RRT. It provided Sutter Health organization of Sacramento area with a California Board of Nursing approved Continuing Education program for staff education purposes.

Research Objectives. Developed for the RRT nurses and other staff in a large Ambulatory Care Center, the goal was to prepare staff members to recognize stroke symptoms, to initiate and to provide the best care to individuals following the Stroke Association and Sutter Health Stroke Center guidelines. Learning goals focused on learning the meaning of F.A.S.T., the five most common Stroke symptoms, and to learn to THINK FAST and ACT FAST when recognizing the signs of a stroke. Educational learner objectives were: recognize patients most at risk for stroke; discuss key measures to lessen the risk of having a stroke; correlate types of brain injury with stroke symptoms; and integrate current Stroke best care practices with RRT protocols.

Methods: A combination of Boyer’s model of scholarship (1997), Knowles’ Principles of Adult Learning (2013) and Blooms Taxonomy of Cognitive Processes (1973) were used as a tool for developing a teaching plan and writing learning objectives appropriate for the audience. All six levels of Bloom’s Taxonomy were used at some point. A formal teaching plan, required for awarding of CEs included measureable objectives with a topical outline, teaching modalities and evaluation plan. Teaching strategies included a PowerPoint™ slide presentation and low cost interactive activities. Among the take homes was reference list with websites and mobile apps.

Results: The CE program last exactly fifty minutes and was considered a success based on outcomes of the testing, evaluation, turnout, and feedback from participants. Slides, handouts, and the Brain Game Grab Bag were common favorites among the participants. All were grateful for the pre-hospital Stroke care protocols developed especially for Sutter Health Ambulatory Care Centers based on AHA/ASA guidelines and the Stroke Center preferences. An encore presentation is planned for later in the year.

Conclusions: Prior to this CE teaching, Emergency Medical Services were thought to be the first point of pre-hospital care for patients with stroke symptoms, and RRT were designed for hospital in-patient events. Had not an RRT been implemented in the Ambulatory Care Center, the need for Stroke education may have been overlooked. With continued promotion in Ambulatory Care settings to form Rapid Response Teams trained in Stroke Alert protocols, many of the delays in treating stroke patients may be eliminated, thereby improving patient outcomes and reducing long-term healthcare costs. When implemented within the individual facility, these stroke care measures learned in this CE program help fill the gap in the Stroke Management Network and benefit the community, as well as demonstrate a plan extendable nationally and possibly internationally.