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

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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.

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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:

- 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.

Roger, et al., 2012

Cost of Heart Failure
Billions of $$

- Cost HF 2012
- Cost HF 2030
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*

Where we wanted to be

Where we would be if we did nothing.
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

- Importance of treatment adherence
- Basic HF information
- *Signs and Symptoms of escalating disease
- Specific activity recommendations
- Medication management
- Diet recommendations
- Risk factor modification

Lindenfeld, 2010
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).

AHRQ 2001 Making Health Care Safer
Our Program:

- Two-hour educational program for second-semester ABS Adult Health I students.
- Educational strategies: case study, role play within 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).
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.
• 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
Pretest-Post test *Confidence* in ability to perform:

- HF assessment
- HF Patient Education
- Teach-Back techniques
Results

Knowledge Measures

<table>
<thead>
<tr>
<th></th>
<th>Essential Education</th>
<th>Escalating S/S</th>
</tr>
</thead>
<tbody>
<tr>
<td>pre-test</td>
<td>3.2</td>
<td>2.97</td>
</tr>
<tr>
<td>post-test</td>
<td>5.4</td>
<td>4.4</td>
</tr>
</tbody>
</table>

$p<.001$
Results: Knowledge Measures

- RHF perfect
- LHF perfect
- Teach-Back

[Bar chart with Post-test and Pre-test data for RHF, LHF, and Teach-Back]
Results: Confidence Measures

- HF Assess
- Pt Ed.
- Teach-Back

P < .001
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


