PLANNING, DEVELOPMENT AND IMPLEMENTATION OF A FACILITY-WIDE E-LEARNING TRAUMA NURSING EDUCATION PROGRAM

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Background: Trauma is a leading cause of death in Georgia. State designated level I trauma center Augusta University Medical Center (AUMC) treats over 2000 trauma patients annually. AUMC is seeking trauma center verification by the American College of Surgeons (ACS), which provides validation from national peers that programs meet Verification Review Committee standards. One standard includes ensuring trauma nurse qualification, but there is no language explaining requirements or measurements. Thus, we set out to establish facility-wide required minimum trauma nursing education.

Resources: Baseline education chosen was Society of Trauma Nurses’ (STN) E-Library. This well-established web-based program contained evaluation tools and was adapted within AUMC’s existing web-based nursing education platform Workforce Online, similar to that found at most facilities. Utilizing this established mechanism allowed straightforward implementation and completion tracking. Education was tailored to each unit’s trauma team role and patient population. No costs were incurred and no barriers were encountered due to AUMC already having trauma education and system for dissemination prior to implementation.

Project: Beforehand, education was piloted to gauge module practicality, complexity, and difficulty and completion time. Positive feedback was received and education was launched hospital-wide. The ten-step tool accelerated implementation methodology (AIM) guided implementation. The ten steps are 1) defining the change, 2) building agent capacity, 3) assessing the climate, 4) generating sponsorship, 5) determining change approach, 6) develop target readiness, 7) building a communication plan, 8) developing reinforcement strategy, 9) creating a cultural fit, and 10) prioritizing action. Step one is addressed with implementation of baseline standardized trauma education. Steps two and four were addressed with support first from AUMC’s chief nursing officer, then with the trauma department and nursing education. Step three identified no existing standardized trauma education, only varying unit-specific orientation. Step five addressed change approach, which included generation of buy-in, as nurses could receive up to 20 free CEUs. Step six addressed target readiness with in-services, at which pre-implementation surveys were administered. Step seven was addressed with communication maintained with each unit’s management. Step eight was addressed as strategies were developed to help staff complete the education. Step nine was addressed with education being implemented through Workforce Online. Step ten is prioritizing action, as education was implemented on February 1st and will continue until education completion with a target completion date of July 1, 2017.

Effectiveness: Limited literature is available evaluating trauma nursing education. This project will evaluate education effectiveness through quizzes within each module and measuring pre- and post-implementation self-efficacy with a modified validated tool. Self-efficacy was chosen to measure effectiveness since higher self-efficacy positively influences clinical performance, and online modalities were chosen due to flexibility and possibility of better outcomes.

Lessons Learned: Facility-wide education implementation utilizes many resources and support. Having designated unit members for communication will help to increase implementation success. Staff’s familiarity with Workforce Online eased implementation. Generating buy-in with free CEUs was positively received, and adding paid time can be considered.
Conclusions: Standardized trauma nursing education is required for ACS verification. Utilizing AIM is beneficial and our process can be replicated by facilities seeking accreditation. Utilizing existing evidenced-based trauma education and web-based platform makes implementation and facility-wide dissemination easier and more effective.