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Preparing Clinical Faculty to Teach and Reinforce Hourly Rounding

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This is to certify that the doctoral study by

Lisa Bailey

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

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Walden University
2020

Abstract

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MS, Walden University, 2012

BS, University of Central Florida, 2009

Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

Walden University

May 2020

Abstract

A gap exists in the knowledge of clinical faculty teaching prelicensure students about hourly rounding. The purpose of this project was to develop an educational program to prepare clinical faculty teaching student nurses to conduct hourly rounding. Hourly rounding trained faculty ensure safe practice by students and adherence to hospital policies. Hourly rounding includes the 4 Ps, which entails the assessment of "potty", pain, position, and possession/periphery. Models and theories used to inform the project included the American Academy of Pediatrics' 10-step process for developing training courses, Knowles' theory of adult learning, Kirkpatrick's evaluation model, and the Accreditation Commission for Education in Nursing (ACEN) manual. The practice question examined the content and processes required to meet the faculty's gap in practice. The target audience of the course was full-time clinical faculty. The components of the course included a pretest and posttest, a lesson plan with activities suitable to exercise the processes. An expert panel evaluated the components of the curriculum using a rubric and a questionnaire. Analysis and synthesis of findings from the faculty expert panel were used to refine the program and to ensure the developed course met the criteria of the evaluation rubric adopted from ACEN standards. The content and processes to address the gap in clinical faculty's knowledge about hourly rounding were found to be adequate and comprehensive and over the course of 3 revisions met all criteria. A positive social change impact will be ensured for patients, families, and staff when the clinical faculty work collaboratively to address clinical needs in a timely manner.

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Dedication

I would like to dedicate this project to my husband, Andrew, and daughter, Ashley, who were instrumental in keeping me motivated to complete this journey. I appreciate their support and unwavering patience as I spent hours away from them working on this project.

Acknowledgments

I want to thank my Chair, Dr. Martin, who was exemplary in her role as an educator and mentor. She kept me focused and inspired to continue this journey. She was generous with her time and was available whenever I needed her guidance and support. I want to thank Dr. Phyllis Morgan, and Dr. Deb Lewis, who also provided support and guidance through this journey. Dr. Martin, Dr. Morgan, and Dr. Lewis worked collaboratively as my committee members. Their feedback and expertise not only helped me refine my work; they also made me reflect on how I can improve in my role as a nurse educator. They have all contributed pearls of wisdom, which I will continually reach for throughout my career. In addition, I want to thank Dr. Joan Hahn for her collaboraive efforts and insights that facilitated a smooth progression to the end of this journey.

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Lastly, I want to acknowledge the individuals that cheered me on: my family, my fellow colleagues that I met at the first DNP intensive retreat offered by Walden

University, my collegeaues at work, and my friends. Thank you all for the motivation and inspiration, and I thank God for his divine interventions during the course of this journey.

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Section 1: Nature of the Project

Introduction

The problem that is addressed in this proposal is the gap in the education of clinical faculty about hourly rounding, which may pose a problem in the clinical practice setting. Hourly rounding is a quality improvement initiative implemented by community hospitals; it entails visiting patients and meeting their needs at intervals predetermined by the organization (Toole, Meluskey, & Hall, 2016). The nature of this project is educational and was completed using the guidance provided in the *Walden University Manual for Staff Education Project* (Walden University, 2019). Positive social change implications of this project include clinical faculty and prelicensure student nurses playing a role in enhancing the safety of patients in their care at local hospitals. In this section of the proposal, the following subsections will be included: problem statement, purpose statement, significance, and summary. These subsections will allow for the elaboration of how the project will be conducted, and the potential implications for positive social change.

Problem Statement

The local problem identified is the gap in the education of clinical faculty in a local associate degree program in a state-funded college about how to perform and reinforce hourly rounding. This gap in clinical faculty education poses a problem because the faculty are not equipped to teach or reinforce hourly rounding among prelicensure students. The faculty accompany students to clinical sites in community hospitals and are responsible for ensuring safe practice through supervising, educating, and reinforcing

students' skills since students rely on the clinical faculty's competence (Girija, 2012; Lovrić, Prlić, Milutinović, Marjanac, & Žvanut, 2017).

Purpose

The purpose of this doctoral project is to address the gap in education about hourly rounding among clinical faculty who supervise prelicensure students at local hospitals used as clinical sites in the community. My practice focused question is: What content and processes should be developed for this in-service training course to be effective in preparing clinical faculty to teach and reinforce hourly rounding among prelicensure student nurses they supervise at local hospitals used as clinical sites?

Nonadherence with performing hourly rounding entails not doing it according to the standards set by the organization, or not doing it at all. Nonadherence with hourly rounding has a negative impact on the quality of care, patient outcomes, and the image of the organization. Educating the clinical faculty about hourly rounding will equip them to play an active role in maintaining the quality of care, improving patients' outcomes, and uplifting the image of the organization.

Nature of the Doctoral Project

The nature of this project is educational and was completed using the guidance provided in the Walden Staff Education Manual. The project entailed the development of an in-service training course based on the evidence available in the literature about hourly rounding processes and its benefits, including improvement in patient satisfaction and positive outcomes (Brosey & March, 2015; Daniels, 2016). Faculty likely realize these benefits depend upon the personnel involved in the care of patients having been trained

according to the hourly rounding protocol (Olrich, Kalman, & Nigolian, 2012). Hourly rounding promotes patient safety and patient satisfaction (Daniels, 2016; Goldsack, Bergey, Mascioli, & Cunningham, 2015), which the clinical faculty should be prepared to teach or reinforce. Without clinical faculty's guidance on hourly rounding, prelicensure student nurses are at risk of being nonadherent with this safety promoting initiative. Nonadherence with hourly rounding could put patients at risk for delayed care and poor outcomes. The development of an hourly rounding in-service training course that could be implemented by the dean of nursing at the local state-funded college should be beneficial in addressing this current gap in practice.

A literature review was conducted via the Walden Library, using the search subject nursing, then searched using the boolean/phrase (hourly round* OR intentional round*) AND (faculty OR instructor OR professor OR teach*) AND (satisfaction OR outcomes). Limiters included peer-reviewed scholarly journals and full-text. These criteria yielded 20 articles dated from 2008 to 2019. The articles were reviewed for relevance to clinical faculty hourly rounding education. None of the articles addressed clinical faculty hourly rounding education or prelicensure student nurses preparation, except one article that identified that while hourly rounding has benefits to patient safety and satisfaction, there is a gap in hourly rounding studies as it relates to delegation of this role to prelicensure student nurses, and their educational and training needs (Ryan, Jackson, Woods, & Usher, 2019).

Studies conducted have shown that hourly rounding has a positive impact on falls prevention, patient satisfaction, and call light usage (Daniels, 2016; Olrich, Kalman, &

Nigolian, 2012). Hourly rounding entails anticipated interaction with patients at planned intervals (Daniels, 2016). These intervals could be hourly or two-hourly (Toole, Meluskey, & Hall, 2016), depending on the standards set by the hospital. During these set times, anticipated patient needs are identified and met (Harrington et al., 2013). Meade et al. (2006) referred to the needs met during hourly rounding as the four Ps: Potty, pain, position, and personal items or presence (as cited in Fabry, 2016). However, the terms and acronyms adopted by hospitals include variations of the four Ps, as well as checking to see if there is anything else that the patient needs before leaving (Toole et al., 2016). Patient needs are identified by asking patients specific questions, which is based on a script approved by the organization (Fabry, 2014). Also, at the end of the round, patients are informed of when to expect the next visit (Toole et al., 2016). Nurses document what was done during the round in rounding logs (Olrich et al., 2012); these may be communication boards or paper-based documents (Fabry, 2015). Findings from the literature, support that the hourly rounding initiative entails processes that are specific to organizations, and is standardized to ensure consistency. Clinical faculty who have not had hourly rounding training are unable to impart this required knowledge to their students, which makes it difficult for students to be adherent with performing hourly rounding.

Significance

Developing an hourly rounding in-service course for clinical faculty at the local college level will provide a resource for clinical faculty education, which can be implemented by the dean or director of nursing. Lack of knowledge about hourly

rounding prevents clinical faculty from teaching and enforcing student adherence to hourly rounding protocols at local hospitals used as clinical sites. Developing an in-service training course with relevant content and processes about hourly rounding is important because it can be used to inform clinical faculty practice and enhance their professional development. Clinical faculty who are empowered to teach and reinforce adherence with performing hourly rounding will be equipped to ensure safe practice among the prelicensure student nurses they accompany and supervise at the local hospitals used as clinical sites. Clinical sites will benefit from having a partnership with the local area college whose clinical faculty is equipped to participate in their hourly rounding initiative. Patients will benefit from having their needs anticipated and met promptly by prelicensure student nurses who participate in their care. The organization may see improvement in their Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) scores as a result of prelicensure student nurses being adherent with performing hourly rounding. This project supports the mission of Walden University since educating clinical faculty about hourly rounding will have a far-reaching social impact on patient and family outcomes, local hospitals used as clinical sites, clinical faculty who accompanies and supervise prelicensure student nurses, prelicensure student nurses who provide patient care, the state-funded local college, and the community.

Summary

In this section, the introduction, problem statement, purpose statement, nature of the doctoral project, and significance were addressed. The clinical practice problem and focus question were identified. The sources of information, framework, and method of

the evaluation were discussed. The impact on social change by this project was identified. In Section 2 of this Proposal, the following areas will be addressed: introduction, practice-focused questions, sources of evidence, and analysis and synthesis.

Section 2: Background and Context

Introduction

The local nursing practice problem identified is the gap in education about hourly rounding among clinical faculty who supervise prelicensure students at local hospitals used as clinical sites in the community. This gap in clinical faculty education poses a problem because the faculty are not equipped to teach or reinforce hourly rounding among prelicensure student nurses. An informal discussion with the dean of nursing at a local college ascertained support for the development of an in-service course to equip clinical faculty to teach and reinforce hourly rounding. The practice-focused question is: What content and processes should be developed for this in-service training course to be effective in preparing clinical faculty to teach and reinforce hourly rounding among prelicensure student nurses they supervise at local hospitals used as clinical sites? The purpose of this doctoral project is to address the gap in education about hourly rounding among clinical faculty who accompany and supervise prelicensure student nurses at local hospitals used as clinical sites in the community. In this section of the project, the following will be addressed: concepts, models, and theories; relevance to nursing practice; local background and context; and role of the DNP student.

Concepts, Models, and Theories

The concepts that will be used include hourly rounding, clinical faculty, prelicensure student nurses', and clinical sites. Hourly rounding refers to a quality improvement initiative implemented to anticipate the needs of patients and visiting each patient at hourly intervals. The hourly visits may be alternated between the nurse and

support staff. The needs of the patients addressed at each hourly interval include *potty*, *pain*, *position*, *personal items.* and *presence* as well as includesany other need that is identified before leaving the room. In order to assess and address each need, the script approved by the organization must be utilized.

Terms and Definitions Hourly Rounding

Potty. Needs addressed by asking the patient if they need to go to the bathroom or use a commode, bedpan, or urinal to void or defecate. The patient is assisted to the bathroom, or placed on a bedpan or commode, or offered a urinal depending on the need voiced by the patient.

Pain. Needs assessed by asking the patient if they have any pain, its location, onset, characteristic, intensity, and/or aggravating/alleviating factors, and goal based on the pain scale. The pain needs are addressed by providing pharmacologic and nonpharmacologic interventions, education about medication, side effects, frequency, dosage, and route of administration. The patient is also informed of when the next dose can be administered. Position need is assessed by asking the patient if they are comfortable and/or checking the repositioning schedule.

Position . Needs met by the repositioning of pillows, linens, support devices, or moving patients from bed to chair, or vice versa, or realigning the body. Personal items or presence need is assessed by observing the environment for risks, which may include spills, clutter, tangled tubing, disheveled linen, too much or too little lighting, degree of the room temperature, and personal belongings, table, and or call light being out of reach.

Personal items or presence. Needs addressed by wiping up spills, removing clutter, detangling tubings, straightening linen, adjusting lighting, regulating room temperature, and moving personal belongings, tables, and or call light in patients' reach. Other needs are assessed by asking the patient if there is anything else they need before the nurse or support staff leaves the room.

Other. Needs addressed by meeting any additional needs voiced by the patient and informing the patient when the nurse or support staff may make the next visit. Each need assessed and addressed during each visit should be documented according to the policy of the organization. The documentation process may entail using a check-box system on preprinted forms or a communication board. Hourly rounding documentation is not considered part of the medical record.

Terms and Definitions on Nursing Education

Clinical faculty. Refers to any full-time instructor employed by the local state-funded college to teach in the Associate of Science in Nursing (ASN) program, who accompanies prelicensure student nurses to and supervises them at clinical sites that have adopted the hourly rounding initiative.

Clinical sites. Refers to local hospitals affiliated with the local college to facilitate first and second-year pre-licensure student nurses' learning through the honing of skills and application of knowledge in the clinical setting.

Prelicensure student nurse. Refers to first and second-year students currently enrolled in the general track ASN program at the local state-funded college, who have not

yet taken the National Council Licensure Examination for registered nurses (NCLEX-RN).

Theoretical Models

The theoretical models that will be used to guide this DNP project are the *Walden University Manual for Staff Education Development* (2019), the 10-step process for developing training courses, which entails the task analysis, and design and development (as cited by American Academy of Pediatrics, 2019), Knowles' theory of adult learning, Kirkpatrick's evaluation model (1959), and the *Accreditation Commission for Education in Nursing (ACEN) Manual: Section III 2017 Standards & Criteria* (ACEN, 2019).

The *Walden University Manual for Staff Education Project* will provide guidance for planning, implementation, and evaluation of the in-service training course that will be developed for the DNP project (Walden University, 2019).

The 10-step process for developing a training course as cited by the American Academy of Pediatrics (2019) will include the following:

1. Define the target population for training.
2. List the tasks to be performed by the target population on the job.
3. List the skills and knowledge needed to do the tasks.
4. Select the skills and knowledge to be taught.
5. Organize the selected skills and knowledge into suitable teaching units and develop the training design.
6. Draft expanded outlines of modules, including instructional objectives, the main body of text, and descriptions of training methods, examples, and exercises.

7. Experts provide realistic examples and information for use in exercises.
8. Draft the complete modules, facilitator guidelines, and course director guidelines.
9. Field-test the training materials.
10. Revise and finalize training materials based on the field test.

The Knowles' theory of adult learning will be used to guide the development of learning activities to meet learning outcomes. The learning activities will be based on six principles. According to these principles, adult learners are self-directed in their quest for knowledge, have to make decisions about their learning, have life experiences to build on, have the readiness to learn, have the motivation to learn, and can apply knowledge in real-life situations (Twadell, 2019). The principles will be applied as follows:

1. Self-concept, which means the faculty will have input about what they want to learn and how they want to learn.
2. Experience, which means the faculty may be able to draw from their own or each other's experiences.
3. Readiness to learn, which means the faculty may be engaged in the learning process if they perceive a need to learn.
4. Problem-centered focus, which means the faculty should be able to apply the knowledge gained in a given situation.
5. Internal motivation, which means the faculty need to be self-motivated.
6. Relevance, which means the faculty must be able to appreciate the importance of the learning activity.

The clinical faculty will play an active role in the teaching-learning process in keeping with the principles of andragogy because they are adult learners.

Kirkpatrick's evaluation model (1959), specifically, Level 1 and Level 2, will be used to develop measuring tools to evaluate the efficacy of the in-service training course to meet the outcomes and the reaction of clinical faculty to the in-service training course. Measuring tools will include a pretest and posttest, a competency checklist, and an end of program evaluation survey. Established guidelines and tools used by clinical sites will be adopted to develop these measuring tools. Level 1 will provide a summative evaluation of the in-service training course, which will entail the clinical faculty's reaction about the course (as cited in Brigham and Women's Hospital, 2019; Reio, Rocco, Smith, & Chang, 2017). Level 2 will provide information about the efficacy of the course in meeting learning objectives. A paper-based question pretest with a maximum score of 100 will be created based on the objectives developed for the program and will be administered before educating the clinical faculty. A paper-based posttest with the same items will be administered after educating the clinical faculty. The pretest and posttest results will be compared to determine the learning gain using the following formula: (postlearning score – prelearning score / 100 – prelearning score) x 100 (Brigham and women's Hospital, 2019). A passing score for the assessment tests will be 80%, which is congruent with the passing grade set by the local college.

The *Accreditation Commission for Education in Nursing (ACEN) Accreditation 2017 Manual: 2017 Section III Standards & Criteria* will be used to develop an

evaluation tool to be used by the Walden University faculty expert panel based on Standard 4 criteria, which addresses the curriculum (ACEN, 2019).

Relevance to Nursing Practice

Hourly rounding has become a widely adopted evidence-based practice initiative because research findings show many benefits and a positive impact on the quality of care, and nurses' perception of the work environment (Ford, 2010; Gardner et al., 2009; Hutchings et al., 2013; Lowe & Hodgson, 2012). Hourly rounding is used to address patient needs proactively, which entails anticipating that patients will have needs in the areas of the four Ps: potty, pain, position, personal items or presence, and any other needs. There are different variations in the interval, and the script used for hourly rounding among clinical sites. However, the goal of improving the quality of care and enhancing patient safety remains the same (Kessler et al., 2012; Olrich, Kalman, & Nigolian, 2012). The standard set by each clinical site must be modeled consistently by the nurse and support staff (Toole et al., 2016). Consistency in teaching and reinforcing required standards of hourly rounding is necessary to realize the benefits. Therefore, it is important to identify barriers and ensure nurses and support staff are competent in performing hourly rounding according to the standards of the organization (Toole et al., 2016). Hourly rounding training and evaluation is based on standardized protocols set by each clinical site. Currently, clinical faculty who accompany prelicensure student nurses to these clinical sites do not get this training, so it is unlikely that they teach or reinforce hourly rounding among prelicensure student nurses consistently to teach or reinforce

hourly rounding among the prelicensure student nurses they accompany and supervise at local hospitals used as clinical sites.

The current state of nursing practice related to hourly rounding varies. Some hospitals tout that they have seen improvements in HCAPHS scores and reduction in falls, skin breakdown, pain management, and call light usage (Mitchell, Lavenberg, Trotta, & Umscheid, 2014). However, sustaining the impact of hourly rounding varies due to inconsistency and nonadherence to standards and protocols among staff and support staff (Toole, Meluskey, & Hall, 2016). Studies support the need for further research on strategies to address barriers to hourly rounding (Toole et al., 2016). At some local hospitals used as clinical sites, efforts are being made to identify barriers and devise strategies to overcome them.

At local hospitals, strategies used to address nonadherence include the implementation of ongoing scheduled training and evaluation, random assessment of nurses and support staff for compliance, and timely leadership-rounds, which entails asking random patients about their experience during hourly rounding. I was not able to locate evidence in the literature of an approach that entails in-service training and assessment of clinical faculty and prelicensure student nurses for barriers and competency at the local state college. It is important to address this gap because prelicensure student nurses spend several hours under the supervision of clinical faculty providing care for patients, who could be at risk for poor outcomes if needs such as potty, pain, position, periphery, and other needs before parting are not addressed proactively. However, the gap in the education of clinical faculty must first be addressed, to equip

them to teach and reinforce hourly rounding among the prelicensure student nurses they supervise at local hospitals used as clinical sites.

Local Background and Context

The local state-funded college will be the site at which the project will be conducted. The in-service training course will be developed for preparing and evaluating clinical faculty who teach in the general track of the ASN program. The clinical faculty teach at both campuses and are assigned to accompany prelicensure student nurses at various local hospitals used as clinical sites. The clinical sites may have different hourly rounding protocols, so it will be important to learn about the specific tools used to train staff at each site to develop a comprehensive in-service training course that will meet the learning needs of the clinical faculty. The mission is to encourage continuity in inpatient care through hourly rounding when prelicensure student nurses are assigned to patients in the local hospitals used as clinical sites, which begins with developing an in-service training course that can be implemented by the dean of nursing to prepare the clinical faculty to teach and reinforce hourly rounding. The content should address hourly rounding processes, the benefits, barriers, competency, but should also be congruent with guidelines adopted by the local hospitals used as clinical sites.

Role of the DNP Student

My role as a DNP student is to identify the clinical problem, write this proposal, conform to the policies of Walden University, and be instrumental in the construction of a project for implementation with nursing faculty. This role will bring about social change that has a positive impact on quality improvement and patient outcomes, which

are in keeping with the *DNP Essentials*. According to the American Association of Colleges of Nursing (2006), the DNP graduate is prepared to identify and address gaps in practice, develop approaches based on theories, implement initiatives that enhance patient outcomes, and be instrumental in positive organizational change. I will be the project leader and the principal implementor of the project. I am a nursing educator at the state-funded college, where the project will be implemented. However, I am motivated to do this project based on the identified gap and the potential academic and social impact it could have on clinical faculty development and patient outcomes, which is supported by the literature. I am also motivated since I have the support of the dean of nursing at the local state-funded college to develop this in-service training course. The development of the in-service training course will be based on input gleaned from the literature, hourly rounding guidelines used at the local hospitals, and feedback from Walden University expert faculty panel.

Summary

In this section, concepts, and models, relevance to nursing practice, local background, and context, and the role of the DNP student were addressed. In Section 3 of this Proposal, the following areas will be addressed introduction practice-focused questions, sources of evidence, analysis, and synthesis of the evidence, and summary.

Section 3: Collection and Analysis of Evidence

Introduction

The practice problem is the gap in education about hourly rounding among clinical faculty, which may pose a problem in the clinical practice setting. The purpose of this doctoral project is to address the gap in education about hourly rounding among clinical faculty who supervise prelicensure students at clinical sites in the community. This educational gap will be addressed by developing an hourly rounding in-service training course, which may be implemented by the dean of nursing at the local state-funded college to equip the clinical faculty. The development of the content and processes of the in-service training course will be based on *Walden University Manual for Staff Education Project* (Walden Univeristy, 2019), literature review findings, and existing hourly rounding guidelines that are utilized by the clinical sites. In this section of the project, the following subsections will be included: practice-focused questions, sources of evidence, analysis and synthesis, and summary.

Practice-Focused Questions

The practice-focused question is: What content and processes should be developed for this in-service training course to be effective in preparing clinical faculty to teach and reinforce hourly rounding among prelicensure student nurses they supervise at local hospitals used as clinical sites?

Sources of Evidence

The purpose of this doctoral project is to address the gap in education about hourly rounding among clinical faculty who supervise prelicensure students at clinical

sites in the community. The following approaches will be taken to address the gap in clinical faculty education: Following IRB approval from the local state-funded college and Walden University, I will develop the in-service training course content and processes, measuring tools, course evaluation tools, and the tool to be used by the Walden University expert panel to evaluate the quality of the course, and present the developed in-service training course to the dean of nursing for possible implementation.

The program will be developed using the American Academy of Pediatrics' 10-step process for developing training courses (2019). This approach is divided into two main parts: the task analysis and the design and development processes. Content will be based on insight gained from the literature review, guidelines about hourly rounding adopted at the local hospitals used as clinical sites, and formative feedback from the Walden University expert panel. Measuring tools will be developed based on Kirkpatrick's evaluation model (1959), to evaluate the efficacy of the in-service training course to meet the learning outcomes and the reaction of clinical faculty to the in-service training course.

Since ACEN accredits the ASN program at the local state-funded college, the developed course will be evaluated using similar standards and criteria used to evaluate the associate curriculum. ACEN's Standard 4 curriculum evaluation criteria statements (ACEN, 2019) will be used to develop a tool for evaluating the quality of the course. ACEN accreditation provides nursing programs that participate in the process with peer-reviewed feedback on required standards and criteria to validate the quality and strength of the program (ACEN, 2013). Accreditation ensures program quality based on the

following six standards: mission, faculty, students, curriculum, resources, and outcome (ACEN, 2013, 2019). Programs are periodically evaluated for congruency and currency based on the standards and criteria and are revised based on recommendations and feedback from peer-reviewers (ACEN, 2013).

A review of the literature was conducted using CINAHL Plus with Full Text database via the Walden University Library. Search terms/Boolean phrase included nursing curriculum AND accreditation AND evaluation. Limiters included full text, peer-reviewed scholarly articles, dated between 2015 and 2019 resulted in three articles. One article supported the use of ACEN Standard 4 criteria to develop and evaluate the curriculum of nursing education (Ard, Farmer, Beasley, & Nunn-Ellison, 2019), which will be the model used to develop an evaluation tool to assess the quality of the in-service training course. Findings supported the use of a curriculum map to organize the contents and related aspects of a curriculum to facilitate transparency, revision, and evaluation (Fowler, Conner, & Smith, 2018).

The developed in-service training course will be emailed to the members of the Walden expert faculty panel for formative evaluation until the in-service training course meets the established criteria. The panel will consist of the following members: Dr. M. Martin, Dr. P. Morgan, and Dr. D. Lewis, who have credentials that support their expertise in adult education, curriculum development, and clinical practice. Credentials include doctorates in education, a minor in education specialization, and a nurse practitioner. Once the program meets the requirements based on the feedback from the

Walden expert faculty panel, the in-service training course will be presented to the dean of nursing for possible implementation for clinical faculty development.

Analysis and Synthesis

The systems that will be used for recording, tracking, organizing, and analyzing the evidence will include software like Microsoft Word, Microsoft Excel, Microsoft PowerPoint, and Microsoft Outlook. Microsoft Word documents and Microsoft PowerPoint presentations will be used to develop, organize, and track changes made during the development of the in-service training course content and tools. Microsoft Outlook will be used to communicate with the Walden University faculty expert panel. Data from the literature review and guidelines from local hospitals used as clinical sites will be documented using Microsoft Word to create an outline of the in-service training course, which may include learning objectives, didactic content, related activities, measuring tools such as pretest/posttest, survey, competency checklist, and course evaluation tool. Once more specific details are gathered, the information will be entered into a Microsoft Excel Spreadsheet to create a course map, which will be sent to the Walden University faculty expert panel via Microsoft Outlook email for formative evaluation.

The procedure that will be used to assure the integrity of the evidence is to collect and safely store feedback as word documents on a password-protected computer. All involved parties' identities will be protected by deidentifying proprietary information and institutions by using pseudonyms or omission of names. A numerical system will be used to save and track the drafts of subsequent documents and related feedback. Using a

numerical system to identify each draft of the developed course and related tools will ensure each draft is identifiable and retrievable.

The analysis procedures that will be used in the doctoral project to address the practice-focused question will include examining the course map content for congruency with literature review findings, hourly rounding guidelines used at clinical sites, the ACEN 2017 Standard 4 criteria statements, and formative evaluation feedback provided by the Walden University faculty expert panel. Feedback on congruency of the developed course with the evaluation tool will be indicated by the selection of met or not met on the evaluation tool and written feedback. Criterion with formative evaluation feedback of not met will be revised and resubmitted to the expert panel for evaluation. Once all the criteria on the course evaluation tool are indicated as met, the course will be presented to the dean of nursing at the local state-funded college.

Summary

In this section, practice-focused questions, operational definitions, sources of evidence, analysis, and synthesis were addressed. In Section 4 of this Proposal, the following areas will be addressed introduction, findings, and implications, recommendation, strength, and limitation of the project.

Section 4: Findings and Recommendations

Introduction

The local nursing practice problem identified is the gap education about hourly rounding among clinical faculty who supervise prelicensure students at local hospitals used as clinical sites in the community. This gap in clinical faculty education posed a problem because the faculty were not equipped to teach or reinforce hourly rounding among prelicensure student nurses. The practice-focused question is: What content and processes should be developed for this in-service training course to be effective in preparing clinical faculty to teach and reinforce hourly rounding among prelicensure student nurses they supervise at local hospitals used as clinical sites? The purpose of this doctoral project was to address the gap in education about hourly rounding among clinical faculty who supervise prelicensure students at clinical sites in the community. This educational gap was addressed by developing an hourly rounding in-service training course, which may be implemented by the dean of nursing at the local state-funded college to equip the clinical faculty. Development of the course content and processes began after IRB approval. Walden University's ethics approval number for this project is 02-18-20-0286691. The development of the content and processes of the in-service training course was based on the Walden University Manual for Staff Education Project (Walden Univeristy, 2019), literature review findings, and existing hourly rounding guidelines that are utilized by the clinical sites. In this section, the following subsections will be included: Findings and implications, recommendations, and strengths and limitations of the project.

Findings and Implications

The findings that resulted from the analysis and synthesis of the evidence were that the development of an hourly rounding in-service training course requires consideration of multiple factors about the target audience and the input from experts. Factors that were considered about the target audience included characteristics such as their age, education, experience, and credentials. The intended audience was full-time faculty at a local college who taught in the ASN program. The faculty members were Masters prepared, experienced nurses who had not received training in hourly rounding but had a wealth of knowledge to draw from such as cultural competency, never events, hospital standards, HCAPHS survey scores, and teaching prelicensure students. Since the faculty are adults, it was important to ensure the content, activities, and assessments were relevant and useful to them.

I also considered the tasks they perform at the clinical sites, which included supervising, teaching, and reinforcing knowledge and skills among the prelicensure students they accompany to the hospital. Clinical faculty were also expected to follow the policies of the hospitals used as clinical sites. The clinical sites desired faculty and student participation in hourly rounding. However, they had no hourly rounding training, so the course had to include hourly rounding steps and a competency test.

In order to teach and reinforce knowledge about hourly rounding among prelicensure student nurses, the faculty required an in-depth knowledge about hourly rounding, as well as competency in performing hourly rounding. Therefore, the course entailed didactic and skill components. The didactic component included the following

areas in the in-service training course: What is hourly rounding? This area of need was addressed by including a definition, the background, and other names used in the literature. How is hourly rounding done? This area was addressed by including the steps, the time intervals, documentation, and adjustments needed in special situations. When is hourly rounding performed? This area was addressed by including time intervals, and that hourly rounding must be done consistently. Where is hourly rounding implemented? This area was addressed by including content that informed the learners that it is done locally and globally in hospitals. Why is hourly rounding done? This area was addressed by including HCAHPS survey scores, CMS requirements, patient satisfaction, hospital-acquired injuries, cost of care, litigations, and benefits. What are the barriers to hourly rounding? I included barriers and impact of attitudes and beliefs on hourly rounding.

To complement the didactic, activities were included to evaluate the clinical faculty's understanding, provide an opportunity for clinical faculty to reflect on their attitudes and beliefs about hourly rounding, and facilitate the application of the knowledge gained to real-world situations. Activities included case studies, questions, role play, and discussions.

Assessments included a pretest and a posttest. An assessment tool was developed to be used for the pretest and the posttest. This tool was intended to determine the learning gain from the hourly rounding in-service training course. The tool consisted of 15 multiple-choice items with four responses to choose from, listed as a, b, c, and d. The types of items on the assessment tool were congruent with assessment tools used by the institution. An hourly rounding competency checklist was developed to be used to

evaluate the clinical faculty's ability to perform the steps of hourly rounding. The passing score for both the test and the competency skill checkoff was determined as 80%; this passing score is congruent with the passing grade used by the institution.

The training design used for the delivery of the content was modeled after a typical in-service training course, which is facilitated by an instructor and is interactive. The design included discussions, reflections, role plays, pretest and posttest, and formative assessments after each unit was addressed. The main body of the text, activities, and assessments needed to be aligned with the learning objectives and the course objective.

Expert feedback was obtained to ensure congruency and rigor of the course. The #-member expert panel provided feedback about the course using a rubric that was developed based on the ACEN Standard 4 statements and criteria; as well as a questionnaire to evaluate their experience while using the assessment tool; see Appendix A. The objectives, content, assessment, and activities were organized using a course map: see appendix B. A draft of the course map was sent to the expert panel to be reviewed. Each draft was revised and sent to be reviewed by the panel until all criteria were met; see Appendix C. The pretest/posttest assessment tool was also reviewed and revised based on feedback from the expert panel using the Pretest/Posttest feedback form; see Appendix C. The course content, activities, and assessment tool were aligned with the course objectives.

The hourly rounding in-service training course was presented to the dean of nursing of the ASN program at the college. The developed course map, a PowerPoint,

and related assessment tools were emailed via Outlook. The plan was to talk at a later date, but the dean was unable to set up a meeting to talk. Feedback was provided via email instead. The dean of nursing stated that the course was well done and suggested minor changes. These changes included using the term addressed instead of met for question 3 on the pretest/posttest, and making litigations more specific by using a term such as hospital injury litigations or safety litigations. Changes were made according to the feedback gained from the dean of nursing.

The hourly rounding in-service training course was also presented to a nurse educator who is employed by one of the local hospitals used as a clinical site. The course map, the PowerPoint, and related assessment tools were emailed via Outlook and were followed up with a discussion via phone. The nurse educator is responsible for educating new hires, current frontline nurses, and patient care technicians employed by the hospital and prelicensure student nurses who she supervises about hourly rounding. The nurse educator stated that the course was adequate for preparing clinical faculty and prelicensure student nurses and that the four Ps were congruent with those used by the hospital. She further stated that the comprehensive course content was insightful, and helped her to identify gaps in the hospital's current hourly rounding training, and will be proposing changes to the unit director. The feedback gained about the pretest/posttest was also positive and was congruent with the feedback from the expert panel. She stated that it took her 12 minutes to complete the 15-item test and that she answered one question incorrectly on the pretest, but got them all correct on the posttest. She found that the questions were clear, and the course content provided the information needed to complete

the posttest. She thought three hours were adequate to complete the in-service training course.

Limitations that impacted the findings were that the steps used for hourly rounding might not be exhaustive since there are variations in the hourly rounding initiatives adopted by various hospitals used as clinical sites.

The implications resulting from the findings in terms of individuals is that the full-time clinical faculty of the ASN program will be able to teach and reinforce hourly rounding among the pre-licensure students they supervise and accompany at the local hospitals used as clinical sites. The faculty and prelicensure student nurses will be able to play an integral role in sustaining the hourly rounding initiative adopted by the local hospitals used as clinical sites. By the faculty and the prelicensure student nurses playing their role, the patients in their care will benefit from hourly rounding. The patients' needs will be met proactively, decreasing the delay in care, which includes activities of daily living and elimination needs.

Communities will benefit as the college, and the affiliated hospitals will strengthen their partnership, ensuring continued higher education and employment opportunities for the people in the community. The hospitals will benefit from having clinical faculty who are trained to teach and reinforce hourly rounding among the prelicensure student nurses, which will decrease the risk of liabilities resulting from poor patient outcomes. The hospital will also benefit from the faculty and prelicensure student nurses' role in hourly rounding because improved patient satisfaction, HCAHPS survey scores, and quality of services will boost their market share and decrease the loss of

revenue. The collaborative efforts of the clinical faculty and the hospital staff will benefit hospital systems through their role in quality improvement initiatives.

Positive social change that may result from the development of this educational tool includes the empowerment of clinical faculty to feel confident and motivated to teach and reinforce performing hourly rounding among prelicensure students. Clinical faculty would serve as role models for their students, who will look to them for guidance when performing hourly rounding. The clinical faculty will be able to reinforce the importance of cultural competence when they teach and reinforce performing hourly rounding, which will promote patient-centered care.

Recommendations

The developed hourly rounding in-service training course will provide the clinical faculty in the ASN program with the education required to teach and reinforce hourly rounding among prelicensure student nurses. The hourly rounding in-service course should be offered to all full-time clinical faculty and new hires. All full-time faculty should be evaluated for competency in performing hourly rounding. The course should begin with the pretest; see appendix D, and the questionnaire to assess beliefs; see appendix G. The course content should be presented utilizing discussions, role play, and questions, and a PowerPoint to provide a visual guide for the audience. Once the content is presented, the posttest, see appendix E, and the questionnaire to assess beliefs; see appendix H, should be administered. The facilitator should use the answer key; see appendix F to determine learners' scores. The facilitator can refer to the handout that shows the areas included in the questionnaire used to assess beliefs; see appendix I.

The pretest and posttest results should be compared to determine the learning gain using the following formula: (postlearning score – prelearning score / 100 – prelearning score) x 100 (Brigham and women's Hospital, 2019). The passing grade is 80%. Students who earn a score below 80% on the posttest should remediate and retest. Learners will also be evaluated for competency in performing hourly rounding after they complete the posttest and the questionnaire that assesses beliefs. The learners should demonstrate the skill of performing hourly rounding; the hourly rounding checklist, see appendix J, will be used to evaluate the accuracy of performing hourly rounding. Learners who fail to earn 80% on the competency evaluation should remediate and retest. The learners should be asked to complete the hourly rounding in-service training evaluation; see appendix K, anonymously to ensure the integrity of responses provided. Anonymity should be maintained by instructing learners not to write their names on the evaluation form and to place the completed evaluation form into the manilla envelope; after providing the instructions, the facilitator should step out of the room while the learners complete the evaluation. The duration of the in-service course should be three hours, which is the same duration of time allotted for courses in the ASN program.

Strength and Limitations of the Project

The strengths of the hourly rounding in-service training course included the comprehensive presentation of hourly rounding. The content entailed background, benefits, barriers, need to acknowledge cultural diversity, learners' reflection on their own beliefs, and steps to performing hourly rounding. The assessments were aligned with the learning objectives. The activities were interactive, relevant, and enabled the

application of knowledge and critical thinking to real-world situations that may be encountered in the hospital setting.

Limitations of the hourly rounding in-service training course included the inability to generalize the content to every hospital since hospitals adopt variations of the hourly rounding initiative. The course was not presented to a focus group comprised of faculty members. However, the evaluation form provides an opportunity for the clinical faculty to provide feedback to improve the course. The content on culture was limited because the clinical faculty had prior knowledge of various cultural, ethical, and social practices. The course required the learners to attend the session in a face-to-face setting, especially because of the need to evaluate the competency of performing hourly rounding. Future courses should be evaluated using a focus group comprised of clinical faculty to gain insight from members of the target audience before implementation. I would also recommend an online version that can be implemented as a self-study for the didactic portion and face-to-face skills portion.

Section 5: Dissemination Plan

The hourly rounding in-service training course would be appropriate for dissemination among clinical faculty at other colleges that do not have an hourly rounding training program. The content may also be relevant for use in hospitals that may not have a training program for their nurses. The content could be delivered as a paper-based or an electronic packet for self-study. Publication of the findings in nursing journals and presenting at nurse conferences will enable the information to reach a broader audience.

Analysis of Self

My role as a practitioner, scholar, and project manager is to bring about social change that has a positive impact on quality improvement, patient outcomes, and professional growth of other nurses, which are in keeping with the DNP Essentials. According to the American Association of Colleges of Nursing (2006), the DNP graduate is prepared to identify and address gaps in practice, develop approaches based on theories, implement initiatives that enhance patient outcomes, and be instrumental in positive organizational change. As a practitioner, I was able to identify the gap in education among the full-time faculty at the local state funded-college. The development of this hourly rounding in-service project will address this gap and empower the clinical faculty of the ASN program to play an essential role in sustaining hourly rounding adherence among the students they accompany and supervise at the local hospitals used at clinical sites. As a scholar, I was able to identify a gap in the literature regarding the training among faculty in academe and prelicensure student nurses and their role in

performing hourly rounding in hospitals. As the project leader and the principal implementor of the project, I was able to incorporate relevant and meaningful content and activities into the course content. I was able to utilize theories and guidelines the develop content, assessment tools, and activities.

The completion of the project was a learning experience that has prepared me for pursuing future projects. The DNP project presented with challenges, which included the need for more time to complete all the sections of the project, the need to revise the initial proposed project due to changes and barriers to implementation of the in-service training course at the field site. The solution was to develop the course and present it to the dean of nursing since the implementation was optional. I was unable to present the developed course to the dean of nursing in person due to the coronavirus crisis. The solution was to contact the dean of nursing to determine availability and the most convenient mode of presenting the developed course given the circumstances. The plan was to send the developed course via email for review and schedule a time to discuss the course development and suggestions for future implementation. I would also apply and get approval for continuing education credits so that clinical faculty could earn credit hours.

My long term professional goals include collaborating with the dean of nursing to implement the hourly rounding in-service training course, and to revise the contents to suit the needs of future clinical faculty. In the future, I would like to gather data from the clinical faculty once the course is implemented and utilize the findings to improve the current course that was developed during this project. The findings could be shared with other colleges and local hospitals.

Summary

The doctoral project provided an opportunity to make a meaningful contribution to the clinical faculty's education in hourly rounding. It will have a far-reaching impact on students, patients, the hospitals, the college, and the community at large. Clinical faculty and prelicensure student nurses will be able to play a vital role in the local hospital's efforts in quality improvement and ensure the safe delivery of care.

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Appendix A: Course Map Feedback Form for the Expert Panel

Correlates with ACEN Standards	Criteria	Met	Not Met	Comments
4.1	The in-service training course incorporates professional nursing standards, guidelines, and competencies and clearly stated end-of-course learning outcomes			
4.2	The end-of-course learning outcomes are used to organize the in-service training course content, guide the delivery of instruction, and direct learning activities.			
4.3	The course is reviewed to ensure integrity, rigor, and currency.			
4.4	The course includes content that enhances professional nursing knowledge and practice.			
4.5	The course includes cultural, ethnic, and socially diverse concepts and may also include experiences from regional, national, or global perspectives.			
4.6	The course and instructional processes reflect educational theory, interprofessional collaboration, research, and current standards of practice.			
4.7	Evaluation methodologies are varied, reflect established professional and practice competencies, and measure the achievement of the end-of-course student learning outcomes.			
4.8	The total number of hours required to complete the course is congruent with the attainment of the identified end-of-course student learning outcomes and is consistent with other in-service courses offered at the institution			
4.9	The learner experiences and practice learning environments are evidence-based; reflect contemporary practice and nationally established patient health and safety goals; and support the achievement of the end-of-course student learning outcomes.			
4.10	The course specifies expectations for all parties, and ensure the protection of students.			
4.11	Learning activities, instructional materials, and evaluation methods are appropriate for all delivery formats and consistent with the end-of-course student learning outcomes.			

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Pretest/Posttest Tool Feedback Form for theExpert Panel

Please complete after taking the test.

1. How long did it take to complete the test in one sitting?

2. Were any of the questions unclear, specify.

3. Did the course content prepare you the questions? If no, please indicate.

Appendix B: Hourly Rounding In-service Training Course Map

Hourly Rounding In-service Training Course

Audience

This in-service training course is designed for all full-time clinical faculty in the ASN program

In-service Training Course Objective

The purpose of this in-service training course is to provide all full-time clinical faculty in the ASN program with information about hourly rounding, so they will be able to teach and reinforce hourly rounding among the students they supervise at clinical sites. Clinical faculty need to be knowledgeable about hourly rounding and be able to demonstrate competency in performing hourly rounding, as well as teach and reinforce hourly rounding among student nurses at clinical sites.

Learning Objectives

Upon completion of this in-service training course, the learner will be able to:

1. Analyze the nurse's role in hourly rounding
2. Examine barriers to performing hourly rounding
3. Compare beliefs about hourly rounding among nurses
4. Examine how various attitudes and beliefs about hourly rounding impact the quality of care locally, and globally
5. Explain the impact of trends in healthcare on the role of the nurse in performing hourly rounding
6. Analyze emerging healthcare issues that can be curtailed by hourly rounding
7. Compare the differences in using the hourly rounding script and impromptu visits to the patient's room without using the script
8. Demonstrate competency in performing hourly rounding

Course Learning Outcomes	Content	Activity
Analyze the nurse's role in hourly rounding	Define hourly rounding Background of hourly rounding Team member role in performing hourly rounding	• Discussion • Formative Post Quiz
Examine barriers to performing hourly rounding	Explore barriers to performing hourly rounding	• Discussion • Create a list of barriers and explore each one, and suggests ways to overcome them
Compare attitudes and beliefs about hourly rounding among nurses	Attitudes and beliefs towards hourly rounding	• Have each learner list their attitude and beliefs towards hourly rounding • Have learner compare their beliefs with each other
Examine how various beliefs about hourly rounding impact the quality of care locally, and globally	Impact of attitudes and beliefs about hourly rounding on the quality of care locally, and globally	• Discussion • Case study scenario/questions
Explain the impact of trends in healthcare on the role of the nurse in performing hourly rounding	Impact of healthcare trends on the role of the nurse in performing hourly rounding	• Discussion • Case study scenario/questions
Analyze emerging healthcare issues that can be addressed by hourly rounding	Emerging health care issues that can be curtailed by hourly rounding	• Discussion
Compare the differences in using the hourly rounding and impromptu visits to the patient's room	What are the differences in performing hourly rounding and frequent unplanned visits to the patient's room	• Role-play • Discuss observations/questions
Demonstrate competency in performing hourly rounding	The steps of hourly rounding	• Have the learners practice hourly rounding in pairs. • Perform a competency assessment using the checklist

Unit 1: What is Hourly Rounding?

Hourly rounding is one of the quality improvement measures that has been implemented in hospitals locally and globally. This initiative implemented to improve the quality of service provided to patients and families. Studies show that hourly rounding has been beneficial in decreasing falls, improving pain management, increasing patient satisfaction, maintaining skin integrity, and improving communication if done correctly and consistently. Success hinges on team member adherence with performing hourly rounding as directed by the organization.

Background

Hourly rounding is a quality improvement strategy that evolved from comfort rounds that were performed by nurses years ago. It is sometimes referred to as purposeful rounding, or intentional rounding because it is a proactive process. Meeting patients' needs proactively reduces the need for patients to call for assistance and wait for their needs to be met. Unfortunately, some patients do not wait for assistance, which puts them at risk for falls and injuries.

Hourly rounding entails visiting patients' rooms at established times every hour or every two hours throughout the shift.

During each hourly rounding visit, patient needs are elicited by asking specific questions pertaining to the four Ps. The four Ps include pain, potty, position, and possessions/periphery. Patients should also be asked, "Is there anything else I can do for you?" The nurse must inform the patient when to expect subsequent visits and and who will be performing the visit before leaving the room. For example, the nurse could say, "I

will be back in an hour to check on you". Any needs identified based on patients' responses, and the nurse's assessment should be addressed. Patient needs are likely to change throughout the shift, so it is essential to ask these specific questions during each visit. Despite the variation in names or time intervals used for rounding, the goal remains the same: To keep patients safe, comfortable, satisfied, and informed.

Team Members' Role in Hourly Rounding

Hourly rounding may be performed every hour or every two hours, depending on the hospital's policies. Nurses and patient care technicians perform hourly rounding. However, each team member must practice within their scope and according to the organization's policies. Nurses and patient care technicians alternate each hour, so one team member may round on patients during even hours while the other rounds during odd hours. This collaborative approach makes hourly rounding manageable.

During hourly rounding, team members need to use the standardized script approved by the clinical site to ensure consistency in the process. The script entails questions about pain, potty, position, periphery/possessions, and asking what else can be done before leaving the patient's room. The team member must update the communication board to ensure patients have the most current information and to indicate that rounding was done. The documentation of hourly rounding involves placing a check mark next to the needs met during the visit, and writing initials in the appropriate time slot at the time on the communication board at the end of each visit.

Adjustments are made to the hourly rounding approach when patients are asleep. The team member should not wake patients to ask them if they are in pain, or if they need

to use the bathroom. However, they could assess position, and make changes if the patient needs to be repositioned, ensure possessions are in reach, and check the environment for safety. The team member should document that the patient was asleep at the time of the visit, and indicate which needs were met. If the patient is off the unit, each hour, the team member should document that the patient is off the unit, and resume routine hourly visits upon patient's return.

Activity: Test Your knowledge

Select True or False

1. Hourly rounding is a quality improvement initiative that is implemented in hospitals in the U.S. True/False
2. Hourly rounding is implemented to improve the quality of patient care. True/False
3. Only patient care technicians perform hourly rounding. True/False
4. The use of a standardized script during hourly rounding ensures consistency in the process. True/False

Unit 2: Barriers to Performing Hourly Rounding

Barriers to performing hourly rounding exist despite the benefits reported in studies. These barriers vary and may require exploration to overcome them. Some barriers that have been identified in the literature include the following:

- Attitudes and beliefs
- Workload
- Lack of knowledge and skill
- Lack of staff buy-in
- Lack of exemplary role models

Discuss One of the Statements Below from Your Perspective

- Attitudes and beliefs are based on an individual's perception that may be formed due lived experiences, peer influences, or witnessed experiences.
- Nurses complain that they have too much to do and view hourly rounding as one more thing to add to their workload.
- Some nurses state that they were not adequately trained, and were not provided with adequate knowledge about hourly rounding.
- Sometimes decisions to implement hourly rounding are made without input from frontline staff and are usually met with resistance because nurses feel devalued and lack ownership of the initiative.
    - Novices look to experienced nurses for guidance and sometimes emulate behaviors that are observed among nurses who fail to adhere to hourly rounding guidelines.

Activity: Suggest Ways to Overcome Barriers to Performing Hourly Rounding

- Create a list of barriers that may impact your adherence to hourly rounding guidelines and propose ways to overcome identified barriers.

Unit 3: Attitudes and Beliefs Towards Hourly Rounding

Attitudes and beliefs towards hourly rounding vary among nurses locally and globally. Studies conducted in hospitals in the UK and the US indicated that nurses' perception of hourly rounding impacts adherence with hourly rounding. Nurses' beliefs about hourly rounding varies.Some nurses embrace hourly rounding because they believe it is beneficial to patients and staff. Some nurses view hourly rounding as beneficial to patient outcomes, but not their workflow. Some nurses may not believe there are benefits of hourly rounding to patient outcomes or their workflow. Negative attitudes and beliefs results in nonadherence to performing hourly rounding. Nonadherence results in nurses not visiting patients, or using the script, or documenting. Resistance to performing hourly rounding have a negative impact on patients' outcomes.

Clinical sites have been experiencing challenges with sustaining hourly rounding since they adopted the hourly rounding initiative because of staff nonadherence to the organization's standards of hourly rounding. Clinical faculty have a vital role in ensuring prelicensure students are performing hourly rounding among patients in their care. Exploration of one's beliefs and attitude about hourly rounding may be useful in effecting change. The Health Belief Model is usually used to explore the perception of individuals about seriousness and susceptibility to diseases, but researchers have also used it to better understand the behavior of health care professionals (Quaranta & Spencer, 2015). The Health Belief Model will be used to facilitate the exploration and integration of content to effect change in behavior and attitude towards hourly rounding.

Activity: Utilize the Health Belief Model to Explore Beliefs and Attitudes Towards Hourly Rounding

Discuss the following concepts:

- The relevance of hourly rounding (Perceived susceptibility)
- The risks associated with nonadherence to performing hourly rounding (Perceived severity)
- The benefits of adherence with performing hourly rounding (Perceived benefits)
- The complexity of performing hourly rounding (Perceived barriers)
- The level of motivation to perform hourly rounding (Cues to action)
- The level of confidence in the ability to perform hourly rounding (Perceived-self efficacy)

The target audience will complete the following questionnaire at the beginning of the presentation, and again at the end of the in-service training course to see if their attitudes and beliefs about hourly rounding changed.

- It is important for clinical faculty to teach or reinforce hourly rounding among the students they supervise at clinical sites.

Strongly disagree	Disagree	Neutral	Agree	Strongly agree
1	2	3	4	5

- There are potential risks to patient outcomes and workflow if faculty do not teach or reinforce adherence with performing hourly rounding among students at clinical sites.

Strongly disagree	Disagree	Neutral	Agree	Strongly agree
1	2	3	4	5

- There are benefits to patient outcomes and workflow if faculty teach or reinforce adherence with performing hourly rounding among students at clinical sites.

Strongly disagree	Disagree	Neutral	Agree	Strongly agree
1	2	3	4	5

- Teaching and reinforcing hourly rounding among students at clinical sites is a complex process.

Strongly disagree	Disagree	Neutral	Agree	Strongly agree
1	2	3	4	5

- I am motivated to teach and reinforce hourly rounding among students at clinical sites.

Strongly disagree	Disagree	Neutral	Agree	Strongly agree
1	2	3	4	5

- I have confidence in my ability to teach and reinforce hourly rounding among students at clinical sites.

Strongly disagree	Disagree	Neutral	Agree	Strongly agree
1	2	3	4	5

Unit 4: Impact of Attitudes and Beliefs About Hourly Rounding on the Quality of Care

Some hospitals report the following results when team members have a positive attitude and beliefs about the benefits of hourly rounding:

- Decrease in falls
- Improvement in pain management
- Increase in patient satisfaction
- Maintenance of skin integrity
- Improvement in communication

On the other hand, some hospitals are unable to achieve their goals to decrease hospital acquired injuries and increase patient satisfaction when team members have negative attitudes and beliefs about hourly rounding.

Activity: Read the Following Scenario and Answer the Questions

An 85-year-old patient was admitted to the unit with chest pain, shortness of breath, generalized weakness, and altered mental status. The patient was on strict bed rest and every four-hour assessment. During the handoff report, the nurse introduced herself to the patient and informed the patient that she would be back to do a physical assessment.

Upon returning, the nurse completed the head to toe assessment and documented her findings. Before leaving the room, the nurse asked the patient if there was anything else that she could do before she left, and the patient stated that she needed to go potty.

The nurse pulled back the sheets and blanket, placed a bedpan, and left the bedsheets disheveled. The nurse left the room just as the patient care technician walked into the room. The patient care technician assessed vital signs and left. An hour later, the nurse peeked in on the patient, and asked if everything was alright, and left. Two hours later, the patient care technician peeked in on the patient and left without saying anything to her. The staff was outstanding about looking in on the patient every hour and documenting that hourly rounding was performed.

Four hours later, the nurse discovered the bedpan was still under the patient. The patient sustained skin tears and bruising from sitting on the bedpan for hours.

1. Discuss the nurse and patient care technician's attitude and beliefs toward hourly rounding.
2. Could this event have been prevented by performing hourly rounding correctly and consistently?
3. Which of the four Ps could have provided insight that the patient was still on the bedpan? How?
4. Reflect on an incident that occurred in the US or abroad, which resulted in excellent or poor patient outcome due to the health care team members' beliefs and attitudes to performing hourly rounding.

Unit 5: Impact of Healthcare Trends on the Role of the Nurse in Performing Hourly Rounding

Current healthcare trends that have an impact on nurses' role as it relates to the implementation of hourly rounding include the Hospital Consumer Assessment of Healthcare Providers and System (HCAHPS) survey scores, and the increased diversity of the population served by the healthcaresystem. The Centers for Medicare and Medicaid Services (CMS) require all hospitals that receive funding from them to participate in surveying patients. Survey scores impact reimbursements. Hospitals are no longer reimbursed for never events that are deemed preventable, such as falls and trauma and skin impairment. HCAPHS survey is a standardized process used to collect and report information to the public about patients' perception of care, how hospitals compare to each other, and it also provides an incentive for hospitals to improve the quality of care. These processes hold hospitals accountable for poor outcomes, and in turn, the hospitals have found ways to keep their staff accountable to maintain the standards set by hospitals.

The HCAHPS survey includes the following areas: Nurse communication, physician communication, the responsiveness of hospital staff, pain management, communication about medicines, discharge information, and cleanliness of the hospital environment and quietness of the hospital environment. Areas such as communication, timeliness, pain management, cleanliness, and quietness of the environment can be assessed and addressed by the nurse during hourly rounding. However, nonadherence with hourly rounding can result in low HCAHPS survey scores. Efforts to sustain hourly

rounding adherence among staff include ongoing training and periodically assessing nurses for competence in hourly rounding. Nurses found to be nonadherent are recommended for remediation and retest.

Immigration and global travel for healthcare services is a growing trend that requires nurses to be culturally competent in caring for a diverse population. During hourly rounding, nurses must consider differences in language, beliefs, and social values when educating and assessing patient needs. Nurses cannot predict health literacy by looking at a patient; therefore, they must ask questions and establish an open line of communication. The nurse should ensure patients understand what the four Ps mean, especially if English is a second language. Potty refers to the bathroom, but maybe an unfamiliar term to some patients, therefore care must be taken to utilize terminologies that patients understand when assessing their needs during hourly rounding. The nurse must also be mindful that in some cultures, only people of the same gender can tend to the elimination and hygienic needs of the patient. Accommodations must be made to maintain privacy and dignity.

Cultural differences also impact the way patients perceive and express pain. In some cultures, pain is viewed as punishment, and the expression of pain is viewed as a weakness. Some patients believe that they may become addicted to pain medication, so they are reluctant to take the medication prescribed for them. Some populations may not be offered adequate pain management because they are viewed as drug seekers. The nurse must keep in mind that pain is subjective, and efforts must be made to provide pain education and advocate for relief when it is lacking.

The preparation of culturally competent nurses begins in the academic setting. However, the application of knowledge is best observed in the practice setting during nurse-patient encounters. Hourly rounding provides an opportunity for clinical faculty to observe prelicensure student nurses' cultural awareness in the hospitals used as clinical sites.

Activity: Read the Following Scenario and Answer the Questions

A 65-year-old Puerto Rican patient was admitted to the unit for bronchitis and asthma exacerbation. During hourly rounding, the nurse was relieved; the patient spoke English because the nurse did not speak Spanish. The nurse asked the patient if she was in any pain. The patient denied having pain because she heard the pain medications given in the hospital were addictive. The nurse informed the patient that the plan of care included a CBC with Diff., a CMP, an MRI, asthma medications, and antibiotics. Without explaining or confirming the patient's understanding, the nurse reassured the patient that the doctor would be in shortly to talk with her. The patient smiled and nodded. Satisfied that the patient was comfortable in bed after adjusting the pillows to the patient's liking, the nurse said that he would be back in an hour to check on her. The patient nodded in acknowledgment, and the nurse left.

A week ago, the patient had visited the local healer who advised her to stop taking her medications and to start taking herbal supplements. The patient remembered and wanted to tell the nurse. The patient tried to reach for the call light, but it was out of reach on the table. She called out for the nurse, but no one could hear the patient because the hallway was noisy. The patient got out of bed and hobbled over to the table to reach the

call light. Just as she reached for the call light, she slipped on a syringe cap and fell. The patient sustained a fractured hip and a laceration to the head.

1. In which areas of the HCAHPS survey would the patient likely to give a poor score? Why?

2. Which of the four Ps did the nurse not assess? Explain.

3. Concerning cultural differences, which of the four Ps would the nurse need to explain further? Explain.

4. Explain how cultural competence could have made a difference in this patient's care.

5. Share a lived or witnessed experience in which cultural competence impacted the patient’s outcome.

Unit 6: Emerging Health Care Issues that Can Be Curtailed by Hourly Rounding

Emerging health care issues that can be curtailed by hourly rounding include:

- Rising cost of care
- Extended length of stay
- Hospital acquired injuries and trauma
- Hospital acquired injury litigations

As the cost of health care continues to rise; the problem is compounded by the increase in comorbidities and people living longer, requiring complex care regimes. Hourly rounding plays an important role in decreasing cost of services by promoting shorter length of stay, reducing hospital acquired injuries and trauma, and reducing hospital acquired injury litigations. Addressing length of stay, hospital acquired injuries and trauma, and reducing hospital acquired injury litigations could reduce the expenditure.

Hourly rounding plays an integral role in promoting a shorter length of stay because it provides an opportunity for patients to be educated about their conditions, medications, and plan of care. Patients are also assessed at hourly intervals, which enables a decline in patient patients' status to be detected and treated sooner. Education and the reduction in complications enable patients to be discharged sooner.

One of the touted benefits of hourly rounding is reducing hospital acquired injuries and trauma. Hourly rounding is effective because it provides an opportunity for patients' needs to be anticipated, which decreases the need to get out of bed unassisted. It

also reduces the need to reach for belongings. The timed visits also reassure patients that the nurse will be coming to take care of their needs, and ensure the environment is safe.

Hourly rounding is not the cure-all for all the issues, but is effective went done correctly. It prevents injuries and trauma, promotes timely care, and improves the quality of care. The provision of excellent care leads to good patient outcomes, which keep litigations at bay.

Activity: Discuss the efficacy in hourly rounding in decreasing the following

- Healthcare cost
- Never events such as falls, trauma, and injuries
- Hospital acquired injuries and trauma
- Hospital acquired injury litigations

Unit 7: Differences in Using and Not Using a Standardized Hourly Rounding Script

Hospitals equip nurses with a standardized script to ensure consistency in performing hourly rounding. Some nurses state that using the script makes them sound rehearsed, and elect not to use the script. Nurses who opt not to use the script do not get the best results because they do not ask the questions that are necessary to elicit patient responses, or they may forget to address a patient's need. As a result, patients of these nurses have to call the nurse frequently, which interrupts the workflow.

Patients cannot always wait for help to arrive, which puts the patient at risk for injuries and trauma. It is better to take the time to utilize the script because it will help the nurse avoid interruptions.

Activity: Role Play Using the Script and Not Using the Script

Observe for differences in patient outcomes in both skits below:

Skit one:

A 78-year-old patient was admitted with nausea and vomiting. During hourly rounding, the nurse asked the patient if he had any pain, needed to go potty, needed another pillow and assistance repositioning, and placed the bedside table closer to the bed, and ensured that the call light and telephone were in reach. The nurse was able to assist the patient to the bathroom, help them back to bed. Get the pain medication and an extra pillow on her way back to the room. The nurse thoroughly checked the environment for safety. Just before leaving, the nurse asked if there was anything else that she could do and informed the patient that she would be back within an hour to check on him and

left. The nurse addressed the four Ps without fail when she visited all her patients, and went about her day with little interruptions.

Skit two:

A 78-year-old patient was admitted with nausea and vomiting. During the initial visit, the nurse introduced herself and said that she would be back in a little while. The nurse returned to the room with the admission packet, which she placed on the overbed table and left. Occasionally, the nurse walked by the patient's door and looked at the patient. Five minutes later, the patient called the nurse to ask for pain medication. While getting the medication, the patient called for the nurse because he needed to have a bowel movement. The nurse ignored the call because she thought the patient was being too needy. When the nurse got to the room, there was a trail of feces on the bed and the floor. The patient had gotten up in a hurry and pulled out the IV access. He slipped and fell on the floor, hurting his hip. Now the nurse has to assess the patient, clean up the patient and the floor, change the bed linens, insert a new IV, administer the pain medication, call the doctor, and complete an incident report. The nurse will also have to attend a mandatory remediation class.

1. Which nurse would you like to emulate? Why?
2. How would you feel if you were the patient in roleplay two?
3. Besides the injury, how did opting to not utilize the script impact the patient and the organization?

Unit 8: The Steps of Hourly Rounding

Hourly rounding competency is a requirement for nurses who participate in hourly rounding. The local hospitals utilize a competency checklist to evaluate nurses' demonstration of hourly rounding steps. Like nurses, clinical faculty should receive training and must demonstrate competency in performing hourly rounding, so they can, in turn, teach and reinforce hourly rounding among the prelicensured student nurses they supervise.

Activity: Demonstrate the Hourly Rounding Competency Steps with a Partner

Once learners have a chance to practice, a summative evaluation using the Hourly Rounding Checklist will be conducted. Learners who fail to complete the skill in 15 minutes or fail to score at least 80% will have to remediate and retest.

Hourly Rounding Competency Checklist

Name: _____ Date:

_____

Learner has approximately 15 minutes to complete this skill.

Step	Points Earned	Points deducted	Comments
1. Knock on the door and obtain permission before entering	5	5	
2. Close the door/curtain to provide privacy	5	5	
3. Perform hand hygiene	5	5	

4. Acknowledge the patient/family	5	5	
5. Introduce self. Manage up the team	5	5	
6. Identify the patient using two identifiers. Compare the identifiers with the information on the patient's chart.	5	5	
7. Ask the patient to verify allergies and check the allergy band	5	5	
8. Provide an estimation of the duration of the visit.	5	5	
9. Explain the reason for the visit and assess patient's understanding and obtain permission to proceed	5	5	
10. Evaluate the patient's pain level	5	5	
11. Offer assistance to the bathroom	5	5	
12. Ask the patient if they are comfortable	5	5	
13. Ensure personal items/possessions are within reach	5	5	
14. Observe the patient and environment for safety	5	5	
15. Update the communication board by writing your name, contact numbers, pain level and goal, and the goal patient identified as most important	5	5	
16. Ask the patient if there is anything else, they need before leaving	5	5	

17. Thank the patient and inform the patient that you or someone else will be back within an hour to check on them. Document the current visit by placing a check mark next to the needs that were met in the appropriate time slot, and writing initials on the communication board	5	5	
18. Ask the patient if they would like the door/curtain left open or closed when you leave	5	5	
19. Perform hand hygiene	5	5	
20. Leave the door open or closed according to the patient's preference	5	5	

Total Possible points: 100

Points deducted _____

Total points earned _____/100

Note: Scores below 80% requires remediation and retest

Summary

The following content was covered in this in-service training course:

- Definition of hourly rounding
- Background of hourly rounding
- Team member role in performing hourly rounding
- Exploration of barriers to performing hourly rounding
- Attitudes and beliefs towards hourly rounding
- Impact of attitudes and beliefs about hourly rounding on the quality of care locally, and globally
- Impact of healthcare trends on the role of the nurse in performing hourly rounding
- Emerging health care issues that can be addressed by hourly rounding
- Differences in performing hourly rounding and frequent unplanned visits to the patient's room
- Demonstration of the steps of hourly rounding

Questions/Comments

Learners will be given an opportunity to ask questions, make comments, and seek clarification at the end of the in-service traning course.

Evaluation of the In-service Training Course

At the end of the in-service training course learners will provide feedback using the course evaluation form:

Items	Areas of Rating	Ratings				
	Statements	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1.	The facilitator was knowledgeable about the topic	1	2	3	4	5
2.	The information was relevant	1	2	3	4	5
3.	The activities were engaging	1	2	3	4	5
4.	The learning objectives were met	1	2	3	4	5
5.	The time for the activities was sufficient	1	2	3	4	5
6.	The knowledge and skills gained will be useful	1	2	3	4	5

Please provide additional feedback below about how to improve this course:

_____

_____

_____

Appendix C: Summary Feedback from Expert Panel for Course Map

	Draft 1	Draft 1	Draft 1	Draft 2	Draft 2	Draft 2	Draft 3	Draft 3	Draft 3
Criteria	Met	Unmet	Comments	Met	Unmet	Comments	Met	Unmet	Comments
4.1	Yes		Course outcomes are clearly stated	Yes			Yes		Course outcomes are clearly stated
4.2	Yes		Course outcomes are aligned with learning content and learning activities	Yes			Yes		Course outcomes are aligned with learning content and learning activities
4.3	Yes		Course review is being completed by an expert panel and also be a stakeholder group	Yes			Yes		Course review is being completed by an expert panel and also be a stakeholder group
4.4	Yes			Yes			Yes		
4.5		No	I do not clearly see the cultural, ethical, social diversity addressed. The activity that includes the term "potty" might be an opportunity…not every patient may know what that means and it might have cultural or social implications.		No	Offered suggestions which added cultural emphasis to the activity For example, changed Hispanic to Puerto Rican, integrating the use of herbal remedies	Yes		
4.6	Yes			Yes			Yes		
4.7	Yes			Yes			Yes		

4.8	Yes			Yes			Yes		
4.9	Yes			Yes			Yes		
4.10	Yes			Yes			Yes		
4.11	Yes			Yes			Yes		

Summary of the Feedback from Walden University Expert Panel for the Pre/Posttest Tool

Questions	Feedback	Additional Comments	Actions Taken
1. How long did it take to complete the test in one sitting?	2 to 10 minutes		Added five more questions. There are now 15 questions.
2. Were any of the questions unclear, specify.	No	• The content is really not sufficient for cultural, etc. • The questions are understandable and are written at a 7th grade level which is appropriate for your audience • People tend to prefer selecting one answer versus select all that apply.	Added more questions with cultural content. none Changed questions by adding the word except instead of select all that apply.
3. Did the course content prepare you to answer the questions? If no, please indicate.	Yes	• While the course probably did prepare the learner, the issue is that the questions are not aligned to the objectives for the course. Only the first two objectives have related questions. You either need to adjust the questions or the course objectives.	Adjusted question 9, and Added questions 11 through 15 to align with other course objectives

Appendix D: Pretest for Hourly Rounding In-service Training Course

Name: _____ Date: _____

Score: _____/15 = _____% Duration: 15 minutes

This test will be administered before and after the In-service Training Course. The learner should score at least 80% to pass this test.

Circle the correct answer.

1. Hourly rounding is adopted by hospitals to:
   a. Improve the quality of patient care
   b. Increase the nurses' workload
   c. Impress potential clients and families
   d. Imitate what other hospitals are doing

2. The following areas are assessed during hourly rounding
   a. Pain, potty, position, possession
   b. Pain, potty, prescription, physician
   c. Pain, potty, position, prescription
   d. Pain, potty, possession, physician

3. The nurse identifies the need for further teaching about hourly rounding when the patient states that they will expect:
   a. A nurse to visit in fifteen minutes
   b. The nurse to ask questions about their needs
   c. The nurse to update the communication board
   d. All identified needs to be addressed during each visit

4. All of the following are performed during hourly rounding **except**:
   a. Hand hygiene before and after care
   b. Maintaining privacy and dignity
   c. Placing the call light in reach
   d. Peeking in on the patient

5. The benefits of hourly rounding include the following **except:**
   a. Decreased call light usage
   b. Decreased patient falls
   c. Increased patient satisfaction
   d. Increased cost of care

6. Barriers to performing hourly rounding include the following **except:**
   a. Workload
   b. Lack of staff buy-in
   c. Lack of education
   d. Incentives

7. Which of the following contributes to hospitals' challenge to sustain hourly rounding?
   a. Staff nonadherence to performing hourly rounding
   b. Staff use of the standardized hourly rounding script
   c. The ongoing hourly rounding in-service education
   d. The periodic evaluation of hourly rounding competency

8. Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey scores are based on patients' perception of the following areas **except**:
   a. Pain management
   b. Nurse communication
   c. Quietness and cleanliness
   d. Dietary choices

9. A patient scheduled to be discharged later in day sustained a concussion when he fell out of bed while reaching for the call light on the table that was placed out of his reach. The doctor transferred the patient to the ICU. The patient spent a month incurring fees for services. Based on the events, the family thought the hospital was liable. What is the most likely root cause of the extended hospital stay and incurred cost?
   a. The patient reaching for the call light
   b. Sustaining a concussion due to the fall
   c. Being transferred to the intensive care unit (ICU)
   d. Staff not adhering to hourly rounding processes

10. During hourly rounding, the nurse is expected to do the following **except:**
    a. Demonstrate cultural competence
    b. Explain terminologies
    c. Provide individualized care
    d. Insist patients go potty

11. A nurse works on a unit that is experiencing an increase in population diversity. Today, the nurse is caring for a Jamaican, a Korean, a Peruvian, and a Nigerian. What can the nurse do to ensure the mores of these patients are respected during hourly rounding?
    a. Use the terms on the script for every patient
    b. Asses the patients' understanding of terms used
    c. Get another nurse to care for them
    d. Exempt the patients from hourly rounding visits

12. Nurse Mead, frequently looks in on her patients and only asks if they are fine; this nurse is overwhelmed by interruptions throughout the shift. While nurse Jean, who has a similar assignment, visits the patients at set intervals and addresses the four Ps, this nurse is experiencing fewer interruptions throughout the shift. What benefit of hourly rounding is nurse Jean experiencing?
    a. Decreased barriers
    b. Decreased workload
    c. Improved workflow
    d. Improved falls rate

13. Hospitals in the following countries adopted hourly rounding: the US, Britain, Australia, and Canada. In the US, nurses were involved in the decision-making; the nurses believed they could effect change through performing hourly rounding. In Britain, nurses were not allowed to participate in the decision-making process; the nurses believed that hourly rounding was merely more work. In Australia, nurses were not offered adequate training; the nurses did not believe they had the ability to perform hourly rounding. In Canada, the nurses believed the process had too many steps. Based on the attitudes and beliefs of the nurses, which hospital is more likely to see a positive impact on patient care?
    a. The hospital in the US
    b. The hospital in Britain
    c. The hospital in Australia
    d. The hospital in Canada

14. The cost of healthcare is increasing, and hospitals are held accountable by the Centers for Medicare and Medicaid Services for hospital-acquired injuries. As a result, hospitals have adopted quality improvement initiatives such as hourly rounding to prevent falls and skin breakdown. What is the role of the nurse in helping the hospitals prevent these injuries?
    a. Answering call lights
    b. Inserting Foley catheters
    c. Applying soft wrist restraints
    d. Meeting patient needs proactively

15. The nurse is being evaluated for competency in performing hourly rounding. The nurse knocked on the door, provided privacy, performed hand hygiene, acknowledged the patient, introduced herself, and managed up the team. What should the nurse next?
    a. Ask the patient if there is anything else, they need
    b. Document on the communication board
    c. Offer assistance to the bathroom
    d. Identify the patient using two identifiers

Appendix E: Posttest for Hourly Rounding In-service Training Course

Name: _____ Date: _____

Score: _____/15 = _____% Duration: 15 minutes

This test will be administered before and after the In-service Training Course. The learner should score at least 80% to pass this test.

Circle the correct answer.

1. Hourly rounding is adopted by hospitals to:
   a. Improve the quality of patient care
   a. Increase the nurses' workload
   b. Impress potential clients and families
   c. Imitate what other hospitals are doing

2. The following areas are assessed during hourly rounding
   a. Pain, potty, position, possession
   b. Pain, potty, prescription, physician
   c. Pain, potty, position, prescription
   d. Pain, potty, possession, physician

3. The nurse identifies the need for further teaching about hourly rounding when the patient states that they will expect:
   a. A nurse to visit in fifteen minutes
   b. The nurse to ask questions about their needs
   c. The nurse to update the communication board
   d. All identified needs to be addressed during each visit

4. All of the following are performed during hourly rounding **except**:
   a. Hand hygiene before and after care
   b. Maintaining privacy and dignity
   c. Placing the call light in reach
   d. Peeking in on the patient

5. The benefits of hourly rounding include the following **except:**
   a. Decreased call light usage
   b. Decreased patient falls
   c. Increased patient satisfaction
   d. Increased cost of care

6. Barriers to performing hourly rounding include the following **except:**
   a. Workload
   b. Lack of staff buy-in
   c. Lack of education
   d. Incentives

7. Which of the following contributes to hospitals' challenge to sustain hourly rounding?
   a. Staff nonadherence to performing hourly rounding
   b. Staff use of the standardized hourly rounding script
   c. The ongoing hourly rounding in-service education
   d. The periodic evaluation of hourly rounding competency

8. Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey scores are based on patients' perception of the following areas **except**:
   a. Pain management
   b. Nurse communication
   c. Quietness and cleanliness
   d. Dietary choices

9. A patient scheduled to be discharged later in day sustained a concussion when he fell out of bed while reaching for the call light on the table that was placed out of his reach. The doctor transferred the patient to the ICU. The patient spent a month incurring fees for services. Based on the events, the family thought the hospital was liable. What is the most likely root cause of the extended hospital stay and incurred cost?
   a. The patient reaching for the call light
   b. Sustaining a concussion due to the fall
   c. Being transferred to the intensive care unit (ICU)
   d. Staff not adhering to hourly rounding processes

10. During hourly rounding, the nurse is expected to do the following **except:**
    a. Demonstrate cultural competence
    b. Explain terminologies
    c. Provide individualized care
    d. Insist patients go potty

11. A nurse works on a unit that is experiencing an increase in population diversity. Today, the nurse is caring for a Jamaican, a Korean, a Peruvian, and a Nigerian. What can the nurse do to ensure the mores of these patients are respected during hourly rounding?
    a. Use the terms on the script for every patient
    b. Asses the patients' understanding of terms used
    c. Get another nurse to care for them
    d. Exempt the patients from hourly rounding visits

12. Nurse Mead, frequently looks in on her patients and only asks if they are fine; this nurse is overwhelmed by interruptions throughout the shift. While nurse Jean, who has a similar assignment, visits the patients at set intervals and addresses the four Ps, this nurse is experiencing fewer interruptions throughout the shift. What benefit of hourly rounding is nurse Jean experiencing?
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    b. Decreased workload
    c. Improved workflow
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    a. The hospital in the US
    b. The hospital in Britain
    c. The hospital in Australia
    d. The hospital in Canada

14. The cost of healthcare is increasing, and hospitals are held accountable by the Centers for Medicare and Medicaid Services for hospital-acquired injuries. As a result, hospitals have adopted quality improvement initiatives such as hourly rounding to prevent falls and skin breakdown. What is the role of the nurse in helping the hospitals prevent these injuries?
    a. Answering call lights
    b. Inserting Foley catheters
    c. Applying soft wrist restraints
    d. Meeting patient needs proactively

15. The nurse is being evaluated for competency in performing hourly rounding. The nurse knocked on the door, provided privacy, performed hand hygiene, acknowledged the patient, introduced herself, and managed up the team. What should the nurse do next?
    a. Ask the patient if there is anything else, they need
    b. Document on the communication board
    c. Offer assistance to the bathroom
    d. Identify the patient using two identifiers

Appendix F: Pretest/Posttest Answers for Hourly Rounding In-service Training Course

Name: _____ Date: _____

Score: _____/15 =_____% Duration: 15 minutes

This test will be administered before and after the In-service Training Course. The learner should score at least 80% to pass this test.

Circle the correct answer.

1. Hourly rounding is adopted by hospitals to:
   a. Improve the quality of patient care
   b. Increase the nurses' workload
   c. Impress potential clients and families
   d. Imitate what other hospitals are doing

2. The following areas are assessed during hourly rounding
   a. Pain, potty, position, possession
   b. Pain, potty, prescription, physician
   c. Pain, potty, position, prescription
   d. Pain, potty, possession, physician

3. The nurse identifies the need for further teaching about hourly rounding when the patient states that they will expect:
   a. A nurse to visit in fifteen minutes
   b. The nurse to ask questions about their needs
   c. The nurse to update the communication board
   d. All identified needs to be addressed during each visit

4. All of the following are performed during hourly rounding **except**:
   a. Hand hygiene before and after care
   b. Maintaining privacy and dignity
   c. Placing the call light in reach
   d. Peeking in on the patient

5. The benefits of hourly rounding include the following **except:**
   a. Decreased call light usage
   b. Decreased patient falls
   c. Increased patient satisfaction
   d. Increased cost of care

6. Barriers to performing hourly rounding include the following **except:**
   a. Workload
   b. Lack of staff buy-in
   c. Lack of education
   d. Incentives

7. Which of the following contributes to hospitals' challenge to sustain hourly rounding?
   a. Staff nonadherence to performing hourly rounding
   b. Staff use of the standardized hourly rounding script
   c. The ongoing hourly rounding in-service education
   d. The periodic evaluation of hourly rounding competency

8. Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey scores are based on patients' perception of the following areas **except**:
   a. Pain management
   b. Nurse communication
   c. Quietness and cleanliness
   d. Dietary choices

9. A patient scheduled to be discharged later in day sustained a concussion when he fell out of bed while reaching for the call light on the table that was placed out of his reach. The doctor transferred the patient to the ICU. The patient spent a month incurring fees for services. Based on the events, the family thought the hospital was liable. What is the most likely root cause of the extended hospital stay and incurred cost?
   a. The patient reaching for the call light
   b. Sustaining a concussion due to the fall
   c. Being transferred to the intensive care unit (ICU)
   d. Staff not adhering to hourly rounding processes

10. During hourly rounding, the nurse is expected to do the following **except:**
    a. Demonstrate cultural competence
    b. Explain terminologies
    c. Provide individualized care
    d. Insist patients go potty

11. A nurse works on a unit that is experiencing an increase in population diversity. Today, the nurse is caring for a Jamaican, a Korean, a Peruvian, and a Nigerian. What can the nurse do to ensure the mores of these patients are respected during hourly rounding?
    a. Use the terms on the script for every patient
    b. Asses the patients' understanding of terms used
    c. Get another nurse to care for them
    d. Exempt the patients from hourly rounding visits

12. Nurse Mead, frequently looks in on her patients and only asks if they are fine; this nurse is overwhelmed by interruptions throughout the shift. While nurse Jean, who has a similar assignment, visits the patients at set intervals and addresses the four Ps, this nurse is experiencing fewer interruptions throughout the shift. What benefit of hourly rounding is nurse Jean experiencing?
    a. Decreased barriers
    b. Decreased workload
    c. Improved workflow
    d. Improved falls rate

13. Hospitals in the following countries adopted hourly rounding: the US, Britain, Australia, and Canada. In the US, nurses were involved in the decision-making; the nurses believed they could effect change through performing hourly rounding. In Britain, nurses were not allowed to participate in the decision-making process; the nurses believed that hourly rounding was merely more work. In Australia, nurses were not offered adequate training; the nurses did not believe they had the ability to perform hourly rounding. In Canada, the nurses believed the process had too many steps. Based on the attitudes and beliefs of the nurses, which hospital is more likely to see a positive impact on patient care?
    a. The hospital in the US
    b. The hospital in Britain
    c. The hospital in Australia
    d. The hospital in Canada

14. The cost of healthcare is increasing, and hospitals are held accountable by the Centers for Medicare and Medicaid Services for hospital-acquired injuries. As a result, hospitals have adopted quality improvement initiatives such as hourly rounding to prevent falls and skin breakdown. What is the role of the nurse in helping the hospitals prevent these injuries?
    a. Answering call lights
    b. Inserting Foley catheters
    c. Applying soft wrist restraints
    d. Meeting patient needs proactively

15. The nurse is being evaluated for competency in performing hourly rounding. The nurse knocked on the door, provided privacy, performed hand hygiene, acknowledged the patient, introduced herself, and managed up the team. What should the nurse do next?
    a. Ask the patient if there is anything else, they need
    b. Document on the communication board
    c. Offer assistance to the bathroom
    d. Identify the patient using two identifiers

Appendix G: Questionnaire to Assess Belief about Hourly Rounding Pre-Education

- It is important for clinical faculty to teach or reinforce hourly rounding among the students they supervise at clinical sites.

Strongly disagree	Disagree	Neutral	Agree	Strongly agree
1	2	3	4	5

- There are potential risks to patient outcomes and workflow if faculty do not teach or reinforce adherence with performing hourly rounding among students at clinical sites.

Strongly disagree	Disagree	Neutral	Agree	Strongly agree
1	2	3	4	5

- There are benefits to patient outcomes and workflow if faculty teach or reinforce adherence with performing hourly rounding among students at clinical sites.

Strongly disagree	Disagree	Neutral	Agree	Strongly agree
1	2	3	4	5

- Teaching and reinforcing hourly rounding among students at clinical sites is a complex process.

Strongly disagree	Disagree	Neutral	Agree	Strongly agree
1	2	3	4	5

- I am motivated to teach and reinforce hourly rounding among students at clinical sites.

Strongly disagree	Disagree	Neutral	Agree	Strongly agree
1	2	3	4	5

- I have confidence in my ability to teach and reinforce hourly rounding among students at clinical sites.

Strongly disagree	Disagree	Neutral	Agree	Strongly agree
1	2	3	4	5

Appendix H: Questionnaire to Assess Belief about Hourly Rounding Post-Education

- It is important for clinical faculty to teach or reinforce hourly rounding among the students they supervise at clinical sites.

Strongly disagree	Disagree	Neutral	Agree	Strongly agree
1	2	3	4	5

- There are potential risks to patient outcomes and workflow if faculty do not teach or reinforce adherence with performing hourly rounding among students at clinical sites.

Strongly disagree	Disagree	Neutral	Agree	Strongly agree
1	2	3	4	5

- There are benefits to patient outcomes and workflow if faculty teach or reinforce adherence with performing hourly rounding among students at clinical sites.

Strongly disagree	Disagree	Neutral	Agree	Strongly agree
1	2	3	4	5

- Teaching and reinforcing hourly rounding among students at clinical sites is a complex process.

Strongly disagree	Disagree	Neutral	Agree	Strongly agree
1	2	3	4	5

- I am motivated to teach and reinforce hourly rounding among students at clinical sites.

Strongly disagree	Disagree	Neutral	Agree	Strongly agree
1	2	3	4	5

- I have confidence in my ability to teach and reinforce hourly rounding among students at clinical sites.

Strongly disagree	Disagree	Neutral	Agree	Strongly agree
1	2	3	4	5

Appendix I: Showing Areas of Beliefs Assessed by the Hourly Rounding Questionnaire

• The relevance of hourly rounding (Perceived susceptibility)

It is important for clinical faculty to teach or reinforce hourly rounding among the students they supervise at clinical sites.

Strongly disagree	Disagree	Neutral	Agree	Strongly agree
1	2	3	4	5

• The risks associated with nonadherence to performing hourly rounding (Perceived severity)

There are potential risks to patient outcomes and workflow if faculty do not teach or reinforce adherence with performing hourly rounding among students at clinical sites.

Strongly disagree	Disagree	Neutral	Agree	Strongly agree
1	2	3	4	5

• The benefits of adherence to performing hourly rounding (Perceived benefits)

There are benefits to patient outcomes and workflow if faculty teach or reinforce adherence with performing hourly rounding among students at clinical sites.

Strongly disagree	Disagree	Neutral	Agree	Strongly agree
1	2	3	4	5

• The complexity of performing hourly rounding (Perceived barriers)

Teaching and reinforcing hourly rounding among students at clinical sites is a complex process.

Strongly disagree	Disagree	Neutral	Agree	Strongly agree
1	2	3	4	5

• The level of motivation to perform hourly rounding (Cues to action)

I am motivated to teach and reinforce hourly rounding among students at clinical sites.

Strongly disagree	Disagree	Neutral	Agree	Strongly agree
1	2	3	4	5

• The level of confidence in the ability to perform hourly rounding (Perceived self-efficacy)

I have confidence in my ability to teach and reinforce hourly rounding among students at clinical sites.

Strongly disagree	Disagree	Neutral	Agree	Strongly agree
1	2	3	4	5

Appendix J: Hourly Rounding Competency Checklist

Name: _____ Date: _____

Learner has approximately 15 minutes to complete this skill.

Step	Points Earned	Points deducted	Comments
1. Knock on the door and obtain permission before entering	5	5	
2. Close the door/curtain to provide privacy	5	5	
3. Perform hand hygiene	5	5	
4. Acknowledge the patient/family	5	5	
5. Introduce self. Manage up the team	5	5	
6. Identify the patient using two identifiers. Compare the identifiers with the information on the patient's chart.	5	5	
7. Ask the patient to verify allergies and check the allergy band	5	5	
8. Provide an estimation of the duration of the visit.	5	5	
9. Explain the reason for the visit and assess patient's understanding and obtain permission to proceed	5	5	
10. Evaluate the patient's pain level	5	5	
11. Offer assistance to the bathroom	5	5	

12. Ask the patient if they are comfortable	5	5	
13. Ensure personal items/possessions are within reach	5	5	
14. Observe the patient and environment for safety	5	5	
15. Update the communication board by writing your name, contact numbers, pain level and goal, and the goal patient identified as most important	5	5	
16. Ask the patient if there is anything else, they need before leaving	5	5	
17. Thank the patient and inform the patient that you or someone else will be back within an hour to check on them. Document the current visit by placing a checkmark next to the needs that were met in the appropriate time slot, and writing initials on the communication board	5	5	
18. Ask the patient if they would like the door/curtain left open or closed when you leave	5	5	
19. Perform hand hygiene	5	5	
20. Leave the door open or closed according to the patient's preference	5	5	

Total Possible points: 100

Points deducted _____

Total points earned _____/100

Note: Scores below 80% requires remediation and retest

Appendix K: Evaluation of the In-service Training Course

Circle the number to indicate your rating of each area.

Items	Areas of Rating	Ratings				
	Statements	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1.	The facilitator was knowledgeable about the topic	1	2	3	4	5
2.	The information was relevant	1	2	3	4	5
3.	The activities were engaging	1	2	3	4	5
4.	The learning objectives were met	1	2	3	4	5
5.	The time for the activities was sufficient	1	2	3	4	5
6.	The knowledge and skills gained will be useful	1	2	3	4	5

Please provide additional feedback below about how to improve this course: