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Staff Education on Effective Communication in Long-Term Care

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Walden University

College of Nursing

This is to certify that the doctoral study by

Alexandra Dzikowski

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.

Review Committee
Dr. Susan Hayden, Committee Chairperson, Nursing Faculty
Dr. Joan Moon, Committee Member, Nursing Faculty
Dr. Anna Valdez, University Reviewer, Nursing Faculty

Chief Academic Officer and Provost
Sue Subocz, Ph.D.

Walden University
2022

Abstract

Staff Education on Effective Communication in Long-Term Care

by

Alexandra Dzikowski

MSN, Western Governors University, 2015

BSN, Western Governors University, 2011

Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

Walden University

February 2022

Abstract

The dynamic and everchanging world of health care depends on bedside nurses to exercise effective leadership skills, including communication, to provide safe quality care. At the long-term health care facility where this project took place, there was a lack of effective communication between team members, especially at change of shift. Framed within the analysis, design, development, implementation, and evaluation model of instructional design, the purpose was to plan, implement, and evaluate a staff education program on handoff report communication using the TeamSTEPPS 2.0 for Long Term Care program. Sources of evidence included validation of the pre- and posttest items by the content experts, evaluation of the educational program by participants, and change in knowledge from pre- to posttest by participants. The validation of the pre- and posttest items by the content experts revealed an item-level content validity index and a scale-level content validity index score of 1, indicating that test items could be considered to have good content validity. Participants (n=23) demonstrated a gain in knowledge from the in-service with a pretest group mean score of 42.6% and the posttest group mean score 85.2%, with a group mean gain in knowledge of 42.6%. Participants were asked to evaluate the staff education program by indicating if each objective was met by answering “yes” or “no.” All 23 participants answered “yes” that all four objectives had been met. Positive social change can occur through the promotion of effective communication. Nurses who develop communication skills are equipped to use their skills, education, knowledge, and experience to be able to promote cost effective, safe, quality nursing care, creating a positive social change by improving the human condition.

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Dedication

A special dedication and acknowledgement to my daughter and two sons for all their unconditional support and patience throughout my DNP journey. They are my true inspiration, my purpose of working so hard.

I would also like to dedicate this project to all health care workers. I would like to especially recognize the nurse at all levels, including the bedside nurse, as unseen leaders in communication among teams. Our love and passion towards our patients and community make for quality care and improved patient outcomes.

Acknowledgments

I would like to acknowledge my friends and family. Your support and the many prayers offered through my doctoral journey has been felt and appreciated.

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Section 1: Nature of the Project

The dynamic and everchanging world of health care depends on bedside nurses to exercise effective leadership skills to provide safe quality care (Cope & Murray, 2017). The impact bedside nurses have when they use the full scope of their skills, education, knowledge, and experience can have a lasting impact on the lives of the patients with whom they come in contact (Machon et al., 2019). Communication is a key element of the necessary skills of teamwork, job satisfaction, and collaboration (Al-Araidah et al., 2018). Nurses need to learn to communicate in a manner that is patient centered and broach topics that can often be challenging and complex, especially when involving difficult topics, such as end of life, which requires great skill, self-awareness, and artistry (Fryer & Boot, 2016).

The bedside nurse is the leader of the team, but effective communication is the responsibility of every team member. Communication in teamwork is an essential role in the quality care and health outcomes of patients residing in the skilled nursing facility (SNF) setting (Howe, 2013). Patients who depend on the 24-hour care in the SNF setting frequently have multiple comorbidities and require a team that can communicate effectively to minimize complications and act quickly to intervene when problems do arise (Boscart et al., 2017). Therefore, the communication amongst shift team members is important but, equally so, is the communication between shifts through competent handoff reports at shift change, indicating that a standardized, structured communication process is necessary (Streeter & Harrington, 2017). The situation, background, assessment, and recommendation (SBAR) communication tool for handoff in health care

has been identified as an evidence-based solution to the need for such communication (Shahid & Thomas, 2018). This Doctor of Nursing Practice (DNP) staff education communication (SEC) in-service project was driven by the evidence-based literature to educate health care teams in SNFs to engage in effective communication, including handoff reports during shift change, to create an environment in which high quality care can be offered (see Dewar et al., 2019).

Problem Statement

The practice-focused problem that I addressed in this DNP project was the lack of effective communication between team members, especially at shift change during handoff reports. Staff members at the project site, including nurses, certified nursing assistants, rehabilitation staff, and others, had expressed that they do not feel effective communication takes place between the staff members and that information pertinent to the patient was not shared in a timely manner. When team members are effectively able to communicate with each other they can identify problems and concerns, apply interventions early, and potentially prevent hospitalizations and readmission (Kim et al., 2017).

While the National Council of State Boards of Nursing described communication skills as being fundamental to the practice of nursing, the lack of preparation in this area was recognized in prelicensure education within health care settings (Lanz & Wood, 2018). Although some licensed nurses have been introduced to leadership concepts during their prelicensure and prior work experiences, the education was most often seen at the baccalaureate level (Machon et al., 2019); most nurses employed by the project site

SNF are licensed vocational nurses (LVNs). The director of nursing (DON) at the project site SNF is an RN and has an associate degree in nursing, and there are occasional, part-time, registered nurses (RNs) on staff. New hire orientation at the SNF includes 1 to 2 weeks training with 1 day for videos and then shadowing a nurse on the unit, basically to become familiar with the workflow and medication carts, before being allowed to work on their own as a charge nurse. The administration has voiced interest in education that introduces effective communication skills and implementing a standardized handoff tool, such as the SBAR, to improve the staff's ability to communicate with each other and improve the quality and continuity of care provided to patients at the facility.

This SEC project holds significance for the field of nursing practice because the lack of communication skills demonstrated between team members in SNFs can negatively impact the quality of care provided to the patients (see Park et al., 2021). By providing an in-service education program that focused on effective communication and the SBAR communication process, the staff will be better prepared to establish and achieve optimal standards of nursing care and create the positive change needed to promote cost effective, quality care needed for the SNF patient population. The literature indicated that nurses with effective communication skills were better able to engage with patients, health care team members, and family members to promote safe quality care as well as model the behavior of effective communication (Afriyie, 2020).

Purpose Statement

The meaningful gap in practice that I developed this DNP project to address was a lack of a standardized process of communication during shift change handoff reports at

the project site SNF. The evidence-based literature showed the need for evidence-based standardized communication processes at shift change (Streeter & Harrington, 2017). Therefore, the purpose of this DNP project was to plan, implement, and evaluate a staff education program on communication using the TeamSTEPPS 2.0 for Long Term Care program (see Appendix A; Rucker et al., 2019), which includes the SBAR Communication Tool for Handoff in Health Care. By enhancing communication strategies, such as through the use of a standardized tool for handoffs as taught in TeamSTEPPS, team performance and patient safety is promoted (Ashcraft & Owen, 2017). The use of a standardized tool such as the SBAR also provides a way to promote continuity of care and patient safety within a team with diverse educational backgrounds and varying communication skills (Shahid & Thomas, 2018).

The practice-focused questions for this DNP project were:

1. Will the evidence produced on SBAR within the last 5 years support the continued use of the TeamSTEPPS program for educating staff members in the SNF on communication?
2. Will the content experts' (CEs) pre- and posttest content validation index (CVI) score meet the acceptable limit of 0.78 to assure that the test items are reliable from the TeamSTEPPS 2.0 for Long Term Care curriculum brought forth from the evidence-based literature?
3. Will a staff education program on communication increase staff knowledge as evidenced by a positive change between pre- and posttest scores?

Evidence-based education related to effective communication between bedside nurses and their team should prepare the participants to rise to the challenges of applying effective communication skills in caring for patients with complex needs in the target setting, thus addressing the gap in practice (see Murphy et al., 2015).

Nature of the Doctoral Project

Evidence to Support the Project

I performed a thorough literature search for relevant literature using the following databases: Cumulative Index of Nursing and Allied Health Literature Plus, Ovid Nursing Journals Full Text, Embase, MEDLINE with Full Text, ProQuest Nursing & Allied Health Database, PubMed, and Google Scholar. Keyword search phrases included: *leadership AND communication, communication AND complex situations, ineffective communication, challenges to communication, communication in long term care setting, team communication in the skilled nursing facility OR long term care setting, barriers to communication in long term care settings, outcomes of ineffective communication, outcome of effective communication, dangers of lack of communication, benefits of communication, effective communication skills, attributes of communication, barriers to communication, communication tools, TeamSTEPPS AND communication AND long term care, SBAR,* and *handoff*.

To select literature that was relevant, I read the abstract of each article and then read those articles found to be relevant, conducting a detailed review of all relevant articles to decide on the most current, relevant, evidence-based information to support the teaching plan. I included literature published within the last 3 to 5 years to ensure that it

was current. I organized the literature in a Literature Review Matrix (see Appendix B) and graded the literature using the Evidence Appraisal Tool of Fineout-Overholt et al. (2010). In my search of the literature, I found an evidence-based curriculum, TeamSTEPPS 2.0 for Long Term Care Communication Training Module 3 (Agency for Healthcare Research and Quality [AHRQ], 2019).

Approach

Throughout the project, I followed the steps in the *Walden University Manual for Staff Education* of planning, implementation, and evaluation. The five phases of the analysis, design, development, implementation, and evaluation (ADDIE) model (see Jeffery et al., 2016; Kurt, 2018) framed the steps of the project (see Appendix C).

Planning Step

During the planning phase, I met with my committee chair to explore and narrow down topics to select a project that met the requirements of a DNP staff education module, determined the need, and established the criteria for the SEC program using available anecdotal support provided by staff and administration from the project site SNF and an ongoing search of the literature. The planning process was in line with the analysis, design, and development phases of the ADDIE model where the problem was identified and clarified, goals and objectives were established, and lesson planning and content matter were identified and developed (Jeffery et al., 2016). I held informal discussions with organizational leaders at the SNF to discuss needs and staff education program goals and received a commitment of support from them. From the evidence-based literature, I identified TeamSTEPPS 2.0 for Long Term Care Communication

Training Module 3 (AHRQ, 2019), which included the SBAR training as an appropriate curriculum for communication. TeamSTEPPS will be further discussed in Section 2. I created a pre- and posttest based on the curriculum and the objectives because there was not one available with the course. CEs were identified and invited to provide content validation of the pre- and posttest items. A Doctor of Philosophy who specializes in test construction provided guidance on item development during this step. Finally, I obtained appropriate ethics approval at the site and through the Walden University Institutional Review Board (IRB) per the project guide and manual.

Implementation Step

During the implementation step of the ADDIE model, I identified the who, what, when, where, and why of this in-service module (see Jeffery et al., 2016). The project site SNF agreed to support the recruitment of staff and encourage their participation in the 1-hour in-service; the facility's support was reflected in the staff recruitment material and the offer to provide materials, such as pens, and other supplies needed. The location where the project took place was determined during implementation, including the in-service/classroom space and time. After project implementation was completed, I carried out an impact evaluation of the program and determined the change in knowledge from pre- to posttest.

During this planning phase, due to continued restrictions and the impacts of the COVID-19 pandemic, I also considered alternative venues including remote, tele presentations via Zoom; large open settings; or multiple sessions to facilitate social distancing requirements. Fortunately, these alternative venues did not have to be used

during implementation. The bedside nurses at the project site were informed by administration as to why it was important for them to attend the SEC.

Evaluation Step

Evidence generated by the project was produced in the planning phase with the validation of the pre- and posttest items by the CEs. After the implementation of the education module was complete, the CEs completed a summary evaluation of the project, process, and my leadership.

The participants completed an impact evaluation of the in-service program was completed. Then I carried out a second impact evaluation that involved measuring the change in knowledge of participants from pre- to posttest and presented the results to the leadership of the SNF. My goal for this DNP project, which was met, was to advance nursing practice with findings that support the need for staff education in communication and fill the identified gap in practice by increasing communication skills of team members in the SNF setting.

Significance

This SEC project impacted several stakeholders, including patients and their families, the nursing team, and the SNF administration. Patients and their families will be impacted with improvements in the quality of nursing care and patient outcomes following the training (see Afriyie, 2020). When team members improve their communication skills, they create healthier work environments that impact both their nursing and the patient; the lack of communication skills interferes with delivery of safe, effective, quality care to patients resulting from missed care and leading to poor patient

outcomes (Lake et al., 2020). Bedside nurses with poor communication skills negatively impact health care fiscally when health care institutions receive lower reimbursements resulting from poor patient outcomes and decreased patient satisfaction (Centers for Medicare & Medicaid Services, 2021), thus impacting administration negatively.

The need for standardized communication is not limited to the SEC project site. Although only one project site was involved, this project is anticipated to have significant implications for the community in which bedside nurses and their team practice and for other stakeholders by providing a path for teams to develop effective communication skills. This SEC project may benefit other health care settings, such as home health, hospice, and the acute care settings, where teams practice collaboratively by providing an education plan that will empower them to improve patient outcomes, safety, efficiency, and costs (see Burgener, 2017). The education module will be transferable to all health care settings because the need for standardized communication is widespread (see Sarver et al., 2020) and TeamSTEPPS has been shown to be effective in optimizing teamwork by improving communication (see Clancy & Tornberg, 2019).

Nurses at the bedside are in an optimal position to lead social change that promotes cost effective and safe quality nursing care (Hallock, 2019) through effectively communicating among the health care team. To create positive social change, nurses must develop effective communication skills that will enable them to harness their skills, education, knowledge, and experience (Pearson, 2020). In the application of effective communication skills, bedside nurses and their team not only protect and promote healing but facilitate that healing through coordination of various disciplines, fostering effective

communication and being stewards of valuable resources in any health care setting where they practice nursing (Al-Araidah et al., 2018).

Summary

The practice focused problem addressed in this DNP project was the lack of effective communication between team members and at shift change during handoff reports. Many staff members at the project site facility have complained about the lack of communication and the associated problems that come along with poor communication among the staff. The meaningful gap in practice that this DNP project was developed to address was that there was no standardized process of communication during shift change handoff reports despite the literature showing the need for-evidence-based, standardized communication processes at shift change (see Streeter & Harrington, 2017). The purpose of this DNP project was to plan, implement, and evaluate a staff education program on communication using the TeamSTEPPS 2.0 for Long Term Care program, which included the SBAR Communication Tool for Handoff in Health Care.

In Section 2, I will discuss the ADDIE model that guided this SEC project in greater detail. The background of this project, including the relevance to nursing practice and practice-focused questions, the CEs' role, and my role as the DNP student at the project site SNF setting and in the SEC project will also be discussed.

Section 2: Background and Context

The practice-focused problem addressed in this DNP project was the lack of effective communication between team members and at shift change during handoff reports. Many staff members at the project site facility, including bedside nurses themselves, have complained about the lack of communication. The meaningful gap in practice that this DNP project was developed to address was that there was no standardized process of communication during shift change handoff reports despite literature showing the need for evidence-based, standardized communication processes at shift change (see Streeter & Harrington, 2017). Therefore, the purpose of this DNP project was to plan, implement, and evaluate a staff education program on communication using the TeamSTEPPS 2.0 for Long Term Care program, which included the SBAR Communication Tool for Handoff in Health Care (see Rucker et al., 2019).

The practice-focused questions for this DNP project were:

1. Will the evidence produced on SBAR within the last 5 years support the continued use of the TeamSTEPPS program for educating staff members in the SNF on communication?
2. Will the CEs' pre- and posttest CVI score meet the acceptable limit of 0.78 to ensure that the test items are reliable from the TeamSTEPPS curriculum brought forth from the evidence-based literature?
3. Will a staff education program on communication increase staff knowledge as evidenced by a positive change between pre- and posttest scores?

In this section, I discuss the ADDIE model that guided this SEC project, the project's relevance to nursing practice, local background and context, and my role.

ADDIE Model

The phases of the ADDIE instructional design model (Jeffery et al., 2016) were used throughout the steps of the project as shown in the *Walden University's Manual for Staff Education*. First developed in the mid-1970s by the Centre for Educational Technology at Florida State University for the U.S. Army based off the Army's original 1950s instructional design, five-step approach, as a framework for designing and developing educational and training programs, the ADDIE model has been used by educators and training developers to effectively implement effective training tools (Kurt, 2018). The ADDIE model is most often used in designing and developing education and instructional design and has been used in a variety of settings including designing e-learning platforms (An & Quail, 2018).

The first phase of the ADDIE model, the analysis phase, begins with identifying an issue, gap, need, or problem that requires a solution (Jeffery et al., 2016). According to Jeffrey et al. an important question to ask in this phase is "if we fix that, would we still have the problem?" (p. 28) to determine if the problem involves knowledge, behavior, or skills that education would likely help. Learner profiles can be created during this phase.

The next phases of the ADDIE instructional design model are the designing and developing of activities that will address the needs identified in the analysis phase (Jeffery et al., 2016). During the design portion of this phase, the focus is on learning objectives, content, subject matter analysis, exercise, lesson planning, and assessment of

instruments used (Ross, 2020). The development portion begins to use the information collected from the two previous phases to create a program that will relay what needs to be taught to participants (Kurt, 2018).

In the implementation phase of the ADDIE model, the who, what, where, and when of the activity are established (Jeffery et al., 2016). The target audience, subject matter expert who will be doing the teaching, what will be taught, where the teaching will occur, and when the teaching will occur are important factors to consider during this phase. During this phase, it is also important to consider any technology that may be used for learners and/or educators (Ross, 2020). During the implementation phase, continuous modification can be made to ensure that the activity is achieving the desired purpose (Kurt, 2018).

In the final phase of the ADDIE model there are two components of evaluation: evaluating an individual's growth, which will be determined with the comparison of the pre- and posttest scores after implementation and evaluating the quality of the educational program as determined by CE evaluations (Jeffery et al., 2016). According to Kurt (2018), every phase of the ADDIE model involves a formative evaluation to assist the instructor and the student in meeting the goals of the program, while the summative evaluation is completed at the end to ensure that the program met the overall goals set. The evaluation phase is frequently the phase most often overlooked due to time and budget limitations (Kurt, 2018).

The ADDIE model has been beneficial in developing needed education to benefit nurses by providing a system by which an instructional designer and training developer

within the nursing or health care field can provide a dynamic, flexible guideline for building effective education, training, and performance programs (Ross, 2020). Kang and Kim (2016) demonstrated the effective application of the ADDIE model through the development of an audio-visual nursing video to enhance and close the identified gaps in clinical skills and problem-based learning. Krouse (2015) revealed the value of the instructional design in the ADDIE model and the contribution it makes to nursing education research. The application of the ADDIE model in nursing education has the potential to support advances in the nursing field (Jeffery et al., 2016).

Relevance to Nursing Practice

Communication

Communication has been defined as the process of transmitting information, such as ideas, attitudes, emotions, or objective behaviors (Merriam-Webster, 2021). Effective communication is a basic leadership skill that must be developed so that bedside nurses can effectively relay crucial information in a timely, clear, consistent, and effective manner (Eldridge et al., 2020). Communication is an essential bedside nursing skill necessary for the delivery of safe, quality, effective care (Street et al., 2020). The Joint Commission identified ineffective communication as a risk factor for poor patient outcomes, including sentinel events, and the cause for up to 66% of medical errors over a 10-year time period between 1995 and 2005 (Burgener, 2017). Nurses frequently are required to communicate in a patient-centered manner, which can often be challenging and complex, especially when involving difficult topics, such as end of life, and require great skill, self-awareness, and artistry (Fryer & Boot, 2016).

When prepared through education to develop effective communication skills, the bedside nurses should have the resources to be better prepared to establish and achieve the high standards of nursing care and create positive change needed to promote cost effective, safe, quality care needed for the SNF patient population. Bedside nurses are in an optimal position to facilitate effective communication among their team members, including patients and family members. Previous research efforts that have been placed on communication education at the bedside nurse level has been focused primarily on the patient handoff level; however, the literature revealed that further education was needed to align communication skills with improved patient safety (Khuan & Juni, 2017). My goal for this DNP project was to advance nursing practice and fill the identified gap in practice by increasing the communication skills of bedside nurses in the SNF setting.

Communication Curriculum

I searched the literature to find a curriculum that was relevant to the SNF setting and would address the gap in practice: a lack of a standardized process of communication during shift change handoff reports at the project site SNF despite the literature showing the need for-evidence-based, standardized communication processes at shift change (see Streeter & Harrington, 2017). After reviewing the literature, I chose the TeamSTEPPS 2.0 for Long Term Care, specifically designed for use in the SNF setting, as the curriculum for this project. TeamSTEPPS is an evidence-based program that was developed by the AHRQ (2019) and Department of Defense as a teamwork system to provide a solution to improve collaboration and communication within health care and incorporates 30 years of research on teams and team performance. The AHRQ website

notes that the curriculum is downloadable, printable, and available for use at any long-term facility (see Appendix D).

TeamSTEPPS has been used successfully in nonacute health care settings to improve communication among members of the health care team (Miller et al., 2018) and shown to be effective in optimizing teamwork by improving communication among team members in the SNF setting, thus promoting a strong culture of patient safety, quality care, and preventing medical errors (Clancy & Tornberg, 2019). TeamSTEPPS is a curriculum that can facilitate teamwork and communication, leading to situational awareness and mutual support among team members in the SNF setting. The literature supports the implementation of a curriculum like TeamSTEPPS for settings such as the SNF due to the ability to adapt it to meet the needs of the facility and the wide variation of education backgrounds found in the staff that provide services and care for patients (Chen et al., 2019). TeamSTEPPS was also found to improve attitudes toward teamwork, which resulted in increased safety and patient satisfaction and better overall clinical outcomes (Cooke, 2016). Ashcraft and Owen (2017) identified potential reasons why TeamSTEPPS may fail in a SNF, including a lack of administrative support and resources, lack of training, inadequate instruction and simulation, resistance to change and incivility, and failure to have a culture supportive of quality improvement initiatives.

SBAR Communication

SBAR communication is a communication technique that promotes the effective and efficient exchange of information between team members, such as nurse to nurse and/or nurse to provider (Streeter & Harrington, 2017). The need for standardized

communication is widespread across all health care settings, including SNFs (Sarver et al., 2020). The inability to effectively communicate can lead to serious consequences, including medical errors. Failed communication has been noted to be the root cause of more than 70% of serious medical errors (The Joint Commission, 2015) and 89% of adverse events in the SNF setting due to medical errors, missed nursing care, and delayed or inappropriate interventions (Ruckers et al., 2019).

Ashcraft and Owen (2017) reported that using SBAR through TeamSTEPPS was a way to avoid common errors and improve quality care. The use of a standardized tool such as the SBAR supports continuity of care by providing a platform where those with diverse backgrounds and training can effectively communicate clearly and effectively, thus enhancing patient safety (Shahid & Thomas, 2018). Similarly, Mileski et al. (2017) found that by improving communication through SBAR, not only were readmission rates reduced, but costs of care, medical errors, and patient stress that can also lead to loss of functional and mental status were also reduced. Educating staff in SBAR has far reaching effects not only in patient care but in enabling the staff to effectively advocate for changes in policy at regulatory levels (Jurns, 2019) and the facility level that may impact overall safety and quality of care for the patient in the SNF setting (Choi & Chang, 2021).

Local Background and Context

The setting where this SEC project was implemented is a 99-bed SNF in California, one of several SNFs within a metropolitan area that serves many community hospitals for post-acute disposition. The setting provides long- and short-term skilled

nursing and rehabilitation services, serving a metropolitan area that the U.S. Census shows has over 400,000 residents and a large county with nearly 900,000 residents.

The practice setting employs 9 RNs and 23 LVNs, including an RN who acts as the DON and an LVN who works as the ADON, to meet the skilled nursing needs of the patients. The background and experiences of these nurses vary from recent graduates to nurses with several years of experience within long-term and SNFs, with the educational background of the RNs to include associate degrees in nursing and baccalaureate nursing degrees and some having pursued degrees in foreign countries prior to coming to the United States.

Because the SNF project site is in California, I reviewed the California Board of Nursing requirements to determine if there were specific requirements pertaining to nursing leadership instruction. While specific educational requirements were not found for nursing students pursuing local instruction, California licensure qualifications for international nursing applicants listed a brief statement of nursing leadership being required as part of instructional outcomes (Board of Registered Nursing, 2015). No other details, including content or hours of nursing leadership instruction required, were included, and no description to include communication skills was found. From my personal experience of attending a program in California and discussions with recent graduates, instruction on leadership skills, including communication, continues to be limited.

The administrators of the project site SNF were eager to introduce evidence-based leadership education beginning with effective communication skills to better develop

bedside nurses into effective communicators and competent leaders. The implementation of the SEC at the project site SNF supports the facility's mission of creating an environment in which each person can entrust their care. The SEC supports the core values of the project SNF, including integrity, respect, compassion, commitment, and service to others, by improving communication among team members in the SNF setting.

My Role

As an RN, I have worked in various settings in health care, including an acute care/teaching hospital, hospice, and post-acute care. I have held different leadership roles, such as charge nurse, house supervisor, emergency department manager, hospitalist performance management, process improvement specialist, and DON. In my various roles and experiences, I have observed the impact bedside nurses with effective communication skills have on patients and the negative impact when these skills are not present.

My relationship with the practice setting is as a DNP student as well as a per diem RN. My function as an RN in the practice setting was to administer intravenous medications when needed. Although I did not carry out patient care other than the administration of intravenous medications, I did have the opportunity to interact with residents/patients and staff. I did not have any staff who directly or indirectly reported to me and did not foresee any potential biases for this SEC project.

During this SEC project using the TeamSTEPPS curriculum, my role was to develop a bedside nurse education plan that was then presented to the administration of the SNF setting for approval. I implemented the education module on how to effectively

communicate, including handoff, to the bedside nurses and ancillary staff in this setting. Due to current COVID-19 pandemic conditions and fluctuating restrictions in place at the project site SNF to limit patient exposure to COVID-19, alternatives to onsite education delivery were explored, including Zoom, if restrictions had continued, but these were not needed. Mask wearing and social distancing during the in-service were followed by staff per facility policies.

Role of the Content Experts

The CEs consisted of three members who I selected based on their expertise in the subject matter, leadership experience, and familiarity with the SNF setting. The first CE's background included a work history as a certified nursing assistant (CNA), bedside nurse, DON, and currently as a nursing home administrator. Her educational background includes a Masters and DNP, and she has 25 years of experience in the long-term care industry. The next CE has worked as a CNA, social services assistant, bedside nurse, DON, and currently works as a nursing home administrator. She holds a masters degree and also has 25 years of experience in long term care. The final CE has worked as a bedside nurse, DON, and is currently a nursing home administrator. He holds a masters degree and has10 years of experience in long term care. The CEs are not employed or affiliated with the project site SNF. I asked the CEs to provide content validation of the pre- and posttest items based on the curriculum objectives and content within 2 weeks of receiving the content expert packets. They also completed a summative evaluation of the project, process, and my leadership upon completion of the project.

Summary

In this project, the lack of effective communication and a handoff process within the 99-bed California SNF was addressed by the presentation of the TeamSTEPPS curriculum with a pre- and posttest for the SNF staff. Using the phases of the ADDIE model and working within the steps of the Walden University *Staff Education Manual*, I accessed the curriculum from the evidence-based literature and developed a pre- and posttest related to the objectives and curriculum validated by the CEs. After being validated by the CEs, I analyzed the results of the CVI score. In Section 3, I will provide the evidence supporting the project and generated by the project, including a discussion of the participants, procedures, protection, and analysis and synthesis of the evidence.

Section 3: Collection and Analysis of Evidence

The practice-focused problem addressed in this DNP project was the lack of effective communication between team members and at shift change during handoff reports. Many staff members at the facility had complained about the lack of effective communication. The meaningful gap in practice that this DNP project was developed to address was that there was a lack of a standardized process of communication during shift change handoff reports despite the literature showing the need for an evidence-based, standardized communication processes at shift change (see Streeter & Harrington, 2017). Therefore, the purpose of this DNP project was to plan, implement, and evaluate a staff education program on communication using the TeamSTEPPS 2.0 for Long Term Care program, which includes the SBAR Communication Tool for Handoff in Health Care (see Rucker et al., 2019).

In this section, I discuss the purpose and how the approach taken in the project aligned with the practice-focused questions. Sources of evidence that were used to address the practice-focused questions are identified and clarification on the relationship to the purpose of this project is provided. I also describe the systems used for recording, tracking, organizing, and analyzing the evidence collected for this project as well as outline the procedures used.

Practice-Focused Questions

The meaningful gap-in-practice for which this DNP project was developed is that there is a lack of a standardized process of communication during shift change handoff reports, while the evidence-based literature shows the need for an evidence-based

standardized communication process at shift change (Streeter & Harrington, 2017). Bedside nurses may receive some education on communication with an emphasis on patient handoff; however, the literature revealed that further education is needed to align communication skills with improved patient safety (Khuan & Juni, 2017). Many bedside nurses receive a limited introduction to leadership concepts but do not receive formal effective communication skills education during their prelicensure education (Bussard & Lawrence, 2019). Leadership and effective communication skills education efforts continue to be focused on middle to upper nursing leadership and not the bedside nurse (Best, 2017).

The practice-focused questions for this DNP project were:

1. Will the evidence produced on SBAR within the last 5 years support the continued use of the TeamSTEPPS program for educating staff members in the SNF on communication?
2. Will the CEs pre- and posttest CVI score meet the acceptable limit of 0.78 to assure that the test items are reliable from the TeamSTEPPS curriculum brought forth from the evidence-based literature?
3. Will a staff education program on communication increase staff knowledge as evidenced by a positive change between pre- and posttest scores?

Therefore, the purpose of this DNP project was to plan, implement, and evaluate a staff education program on communication using the TeamSTEPPS® 2.0 for Long Term Care program which included the SBAR Communication Tool for Handoff in Health Care. There is a need for health care team members to develop leadership skills, and

when these skills are developed, bedside nurses can improve patient outcomes (Clancy & Tornberg, 2019).

Sources of Evidence

Evidence Generated to Address the Practice-Focused Question

The source of evidence for this project was the evidence-based literature, which I organized using a literature review matrix and graded using the Melnyk et al. grading criteria (see Fineout-Overholt et al., 2010) based on the quality of the design from Levels I through VII, with Level I being the strongest. The evidence supported the use of the TeamSTEPPS to improve patient safety and quality care by improving communication among team members in the SNF setting (see Clancy & Tornberg, 2019).

Evidence Generated by the Project

The sources of evidence generated by this project came from the pre and posttest content validation by the content experts (see Appendix E); CE evaluation of the project, process, and my leadership (see Appendix J); and the results of the participants' pre- and posttest change in knowledge (see Table 4).

Participants

I chose three CEs, based on their expertise about the subject matter, leadership experience, and familiarity with the SNF setting, to validate the pre- and posttest items of the curriculum. As part of the implementation plan, bedside nurses and ancillary staff members at the target facility were recruited to voluntarily participate in this SEC education offering. Education of bedside nurses at the project site SNF is relevant to

nursing practice because increasing staff knowledge on leadership can improve patient outcomes and safety.

Procedures

The templates used in this DNP project were developed by the methods member of my committee for organizational purposes only; therefore, there was no need to establish content reliability and validity. I used these templates to collect and organize the evidence for this project.

CVI Scale

The CVI Scale is an important tool in determining test item relevance as scored by CEs. Items with an Item-Content Validity Index (I-CVI) score of 0.78 or higher by three or more experts could be considered evidence of good content validity (Polit & Beck, 2006). In this project, I asked the CEs to rate each pre- and posttest item based on a 4-point scale with: 1 = *not relevant*, 2 = *somewhat relevant*, 3 = *quite relevant*, and 4 = *highly relevant*.

CE Packet

All information in the CE packet was approved by my committee methods member before distribution to the CEs. Each CE received a packet that contained a letter (see Appendix F) thanking the CE for assisting with the project, outlining the packet contents, and providing instructions for each evaluative activity. I also provided the following templates in the CE packet for the purpose of completing their review: the literature review matrix, curriculum plan (see Appendix G), pre- and posttest (see Appendix H), and the pre- and posttest content validation by CEs. My ADON distributed

the CE packets through email. Once CEs completed the packets, they returned the packets to my ADON through email, and the ADON then deidentified and returned the completed packets to me. Once the packets were returned to me, I began analyzing and synthesizing the information provided.

Evaluation of the Staff Education Program by Participants

At the conclusion of the in-service, I asked the participants to anonymously complete the evaluation of the staff education program (see Appendix I). I left the room when these were distributed to the participants. Once completed, the evaluations were collected by a volunteer designee in the group, placed in an envelope, and delivered to the director of staff development who then returned the evaluations to me to analyze and synthesize.

Pre- and Posttest Change in Knowledge by Participants

At the start of the in-service, I asked the participants to draw a number. They were then instructed to write that number on their pretest. Once their pretest was completed, they placed it in an envelope. Upon completion of the posttest, the participant wrote the same number on their posttest and placed the posttest in the same envelope. The envelopes were collected by the designee and delivered to me. No identifying information other than the participant number was included on the pre- or posttest to maintain anonymity. The tests were then prepared for analysis and synthesis.

CE Evaluation of the Project, Process, and My Leadership

Upon completion of the education presentation, my ADON sent the CE evaluation of the project, process, and my leadership tool (see Appendix J) to the CEs. They were asked the following:

Please describe the effectiveness (or not) of this project in the terms of communication, and desired outcomes etc.

- How do you feel about your involvement as a content expert member for this project?
- How did the leader support you in meeting the project goals?
- Please offer suggestions for improvement.
- Share how you might have liked to have participated in another way in developing/approving the products.
- As a leader, how did the student direct you to meet the project goals?
- What aspects of the content expert process would you like to see improved?
- Describe your involvement in participating in the development/approval of the products.

Once completed by the CEs, the evaluations were returned to my ADON with no personal identifiers to maintain anonymity. The ADON then returned them to me, and the information was analyzed and synthesized.

Protection

I obtained ethical approval of this DNP project by using the blanket, preapproval parameters established by the Walden University IRB for Staff Education Doctoral Projects. Upon acceptance of the proposal by my chair, I submitted Form A to the IRB and formalized site approval (#07-15-21-0641575). All written materials from the project were coded with numbers and stored securely in a locked cabinet that only I will have access to for 5 years and then shredded. My ADON emailed and received documents for me, none of which had identifiers on them. Email addresses were removed from all forms.

Analysis and Synthesis

For this project, I analyzed the evidence using the following templates and tools: Pre- and Posttest CE CVI Scale Analysis, Pre- and Posttest Change in Knowledge Results by Participants; Summary Evaluation of the Staff Education Program by Participants; and Summary Evaluation Results of the Staff Education Project, Process, and My Leadership by CEs. The results will be reported in Section 4. A synthesis of the outcomes resulted in revising the pre- and posttest items based on the CEs' recommendation before presenting the in-service to the project site SNF or offering the program to other SNFs in the area that may be interested in using the staff education.

Pre- and Posttest CE CVI Scale Analysis

The Pre- and Posttest CE CVI Scale Analysis is a tool that I used to report the responses made by the CEs. The number of CEs who assigned ratings of a 3 or 4 was divided by the total number of CEs to indicate the percent of CEs who agreed with the

relevance of the item being rated. Ratings of 3 and 4 were counted as relevant and assigned a “1.” Ratings of 1 and 2 were counted as not relevant and assigned a “0.” To calculate the I-CVI score, I added the 1s and 0s up and divided them by the number of CEs. To obtain Scale-Content Validity Scale (S-CVI), all the I-CVI scores were then added up and divided by the total number of test items. The higher the rating, the higher the reliability and validity of the content being measured. The acceptable range is 0.78 to 1.0 (Polit & Beck, 2006, p. 457).

Summary of the Evaluation of the Staff Education Program by Participants

I used descriptive statistics to analyze the responses made by the participants in their evaluation of the program. Participants were asked if each objective was met (Yes) or not (No), and, if they desired to do so, provide feedback on each objective and comment on the program in general.

Pretest/Posttest Change in Knowledge by Participants Results

I created the pre- and posttest results for participants’ change in knowledge table (see Table 4) to report the findings in the change in knowledge from the pretest to the posttest. This analysis was done using descriptive and inferential statistics for individual change in knowledge and a paired *t* test to show the mean for the group. The change, or lack of change, in knowledge is important in determining effectiveness of the SEC inservice (see Page et al., 2021).

Summary Evaluation Results of the Staff Education Project, Process, and My Leadership by Content Experts

The Summary Evaluation Results of the Staff Education Project, Process, and my Leadership by Content Experts (see Appendix L) is an open-ended question template that I used to compile and summarize all the comments made by the CEs so that I could identify themes on which to improve in working on future projects related to my leadership project development skills.

Summary

The meaningful gap in practice for which this DNP project was developed was that there was a lack of a standardized process of communication during shift change handoff reports despite the literature showing that there is a need for an evidence-based, standardized communication process at shift change (see Streeter & Harrington, 2017). The evidence-based literature, which I organized in a literature review matrix, was used as evidence for this project. I selected the CEs for their expertise and experience in the long-term setting. The anonymity of both the CEs and staff who participated in the training was protected by ensuring that no identifying markers remained on their documents prior to reaching me for analysis. In Section 4, I will discuss the findings, provide the recommendations from the CEs, identify the strengths and weaknesses of the project, and present the contributions of the CEs and myself.

Section 4: Findings and Recommendations

The practice-focused problem that was addressed in this DNP project was the lack of effective communication between team members, especially at shift change during handoff reports. This project addressed the following gap in practice: a lack of a standardized process of communication during shift change handoff reports at the project site even though the literature showed the need for evidence-based, standardized communication process at shift change (see Streeter & Harrington, 2017). The practice-focused questions for this DNP project were:

1. Will the evidence produced on SBAR within the last 5 years support the continued use of the TeamSTEPPS program for educating staff members in the SNF on communication?
2. Will the CEs' pre- and posttest CVI scores meet the acceptable limit of 0.78 to assure that the test items are reliable from the TeamSTEPPS curriculum brought forth from the evidence-based literature?
3. Will a staff education program on communication increase staff knowledge as evidenced by a positive change between pre- and posttest scores?

Therefore, the purpose of this DNP project was to plan, implement, and evaluate a staff education program on communication using the TeamSTEPPS 2.0 for Long Term Care program, which includes the SBAR Communication Tool for Handoff in Health Care (see Rucker et al., 2019). Sources of evidence for this project included evidence generated to address the practice-focused questions in the project. Evidence generated to address the practice-focused question included the evidence-based literature organized in

a literature review matrix and graded based on the quality of the design from Level I through VII using the Melnyk et al. grading criteria (see Fineout-Overholt et al., 2010). The sources of evidence generated by this project came from the Pre- and Posttest Content Validation by CEs; CE Evaluation of the Project, Process, and My Leadership; and the Pretest/Posttest Change in Knowledge Results by Participants.

Findings and Implications

Findings

Pre- and Posttest CE CVI

To complete the Pre- and Posttest CE CVI, the CEs were provided with the TeamSTEPPS curriculum plan (Appendix G), pre and posttests with answers (Appendix H), and the Pre- and Posttest Content Validation by CEs Form (Appendix E). I also provided the CEs with the following instructions on the Pre- and Posttest Content Validation by CEs Form: “Please check each item to see if the question is representative of the course objective and the correct answer is reflected in the course content”. CEs were asked to then rate each question as 1 = *not relevant*, 2 = *somewhat relevant*, 3 = *relevant*, or 4 = *very relevant*. All three CEs rated each of the 10 pre- and posttest questions as 4 = *very relevant*. The results for the I-CVI and S-CVI scores were 1. Having scores of 1 indicates that the test items could be considered evidence of good content validity (Polit & Beck, 2006, p. 457). The results can be viewed on Table 1.

Table 1

Rating on X-Items Scale by Three Experts on a 4-point Likert Scale

Pre- and/ posttest items	Expert 1	Expert 2	Expert 3	Total rating	Item CVI
1	1	1	1	1	1
2	1	1	1	1	1
3	1	1	1	1	1
4	1	1	1	1	1
5	1	1	1	1	1
6	1	1	1	1	1
7	1	1	1	1	1
8	1	1	1	1	1
9	1	1	1	1	1
10	1	1	1	1	1
Total	10	10	10	10	10
Proportion Relevant	10 10	10 10	10 10	S-CVI	1

Note. I-CVI = item-level content validity index.S-CVI/UA = scale-level content validity index/universal agreement calculation method Polit, D.F., & Beck, C.T. (2006). The content validity index: Are you sure you know what's being reported? Critique and recommendations. *Research in Nursing & Health, 29*, 489-497. https://pubmed.ncbi.nlm.nih.gov/16977646/.

Summary Evaluation Results of the Staff Education Project, Process, and my Leadership by CEs

I asked the CEs to complete an evaluation of the staff education project, process, and my leadership. A full detail of their responses can be found in Appendix L. The CEs agreed that the project was effective and achieved the desired outcomes of improving communication and providing a foundation and solid education that can be used for team members and during shift changes. Overall, the CEs felt that their experience in participating in this project was positive; they were satisfied and had no

recommendations to improve the process. The CEs felt that they were given the opportunity to contribute their expertise to this project and that it was taken into account. The CEs also expressed that guidance and support was clear and concise throughout their participation in this project and that they felt that I reached out regularly to check in with them and remained available to answer any questions that they may have had. The CEs had no further recommendations for the improvement of this project.

Pre- and Posttest Change in Knowledge Results From In-Service

I distributed the pre- and posttests to participants prior to the start of the in-service and at the completion of the in-service. Participants were asked to draw a number prior to starting and write that number on their pretest and the same number on the posttest at the conclusion of the in-service. Twenty-five staff members were present for the in-service; however, two staff members did not complete the pre- and posttests due to the lateness of their arrival, only participating in the instructional portion of the in-service. The results of the pre- and posttest change in knowledge showed that participants gained knowledge from the in-service with a pretest group mean score of 42.6% and the posttest group mean score 85.2%, resulting in a group mean gain in knowledge of 42.6% (see Table 2). The lowest score noted on the pretest was 0%, with Participant 22 having answered all questions incorrectly. Two participants (Participants 10 and 15) achieved the highest scores on the pretest, of 60%, having answered 6 out of 10 questions correctly. Participants 2 and 9 had the lowest score on the posttest with 70%, having answered 7 out of 10 correctly. Four participants, Participants 10, 14, 19, and 23, scored 100% on the posttest. Participant 22 demonstrated the most improvement having scored a 0% on the

pretest and 90% on their posttest. Six participants, Participants 2, 5, 8, 9, 11, and 15, demonstrated the least amount of improvement having only a 30% increase in knowledge. I computed the pre- and posttest mean scores by adding all the correct answers of the participants and dividing them by the number of participants. Both the pre- and posttest participant answers were reviewed to identify potential problems with test items by analyzing the number of times each question was answered incorrectly by participants on the pretest and then repeated on the posttest. There does not appear to be any questions that were answered incorrectly at a higher rate compared to the other questions for either the pre- or posttest.

Table 2

Pretest/Posttest Change in Knowledge Results by Participants

Participant	Pretest % Score	Posttest % Score	Percent Gain of Correct Answers (Gain score)
1	40%	80%	40
2	40%	70%	30
3	40%	80%	40
4	30%	80%	50
5	50%	80%	30
6	40%	90%	50
7	40%	80%	40
8	50%	80%	30
9	40%	70%	30
10	60%	100%	40
11	50%	80%	30
12	40%	80%	40
13	40%	90%	50
14	50%	100%	50
15	60%	90%	30
16	40%	80%	40
17	50%	90%	40
18	50%	90%	40
19	50%	100%	50
20	40%	80%	40
21	30%	80%	50
22	0%	90%	90
23	50%	100%	50

Note. Pretest group mean score of correct answers was 42.6%. Posttest group mean score of correct answers was 85.2%. Group average gain score was 42.6%. N = 23.

Summary of the Evaluation of the Staff Education Program by Participants

At the conclusion of the in-service, I asked staff who participated to complete the Evaluation of the Staff Education Program by Participants (see Appendix I). Staff were asked to answer yes or no for each of the four objectives, indicating if they felt the objectives had been met by the staff education program. All staff who participated in the in-service indicated that they felt that each of the objectives was met during the staff education program as demonstrated by 23 “Yes” answers and 0 “No” answers (see Appendix K).

Unanticipated Limitations

Although the unpredictability of attendance and timely arrival of staff was an anticipated limitation of this DNP SEC, the significantly poor attendance and participation of staff was an unanticipated limitation with only 23 out of nearly 150 active staff members completing the pretest, posttest, and Evaluation of the Staff Education Program by Participants. Participation was on a voluntary basis, which made predicting the number of attendees difficult. The low attendance was likely because participants were asked to come in on their own time. The limited amount of time (i.e., 1 hour) to present the content, administer the pre- and posttests, and distribute and collect all materials also posed a limitation and challenge, which the project site facility reports as an ongoing difficulty in presenting mandatory in-services because they want to have maximum attendance and keep staff engaged for no longer than an hour. COVID-19 disruptions and precautions, such as limited space and social distancing, contributed to additional limitations. Continuous disruptions from wandering patients who entered the

area and needed to be redirected and assisted also added to the limitations. This was somewhat anticipated but unpredictable as the in-service occurred at an area in the facility where residents frequently roam into. Because it was not known when and which patient would enter the room the in-service was being held in, the interruptions themselves could be unanticipated.

Implications

The evidence supported the use of the TeamSTEPPS to enhance patient safety and quality care by improving communication among team members in the SNF setting (see Clancy & Tornberg, 2019). If the participants of the in-service incorporate and apply the concepts presented in the TeamSTEPPS curriculum into daily practice, communication within the team should improve. Improving communication could result in an improvement in the safety and quality of care delivered at the facility.

This project has the potential to create a positive social change through the promotion of effective communication. Developing and improving communication skills will enable nurses to harness their skills, education, knowledge, and experience (Pearson, 2020). By doing so, they will promote cost effective, safe, quality nursing care (Hallock, 2019), thus improving the human condition.

Recommendations

TeamSTEPPS is an evidence-based curriculum that was developed by the AHRQ (2019) and the Department of Defense as a teamwork system to provide a solution to improve collaboration and communication within health care and incorporating 30 years of research on teams and team performance. The TeamSTEPPS curriculum should

become a standard component of the facility's education schedule to capture new staff, staff not previously included in prior in-services, and provide refreshers in TeamSTEPPS. In addition to providing education, applying evidence-based tools such as the SBAR into daily practice is highly recommended.

I originally asked CEs to complete and return the pre – and posttest content validation prior to implementation of the staff education program. They were also asked to complete the project summary evaluation by CEs, relating to the overall project, process, and my leadership within 2 weeks as well. However, due to demands placed on the CEs in their respective administrative leadership roles within their SNFs, they had difficulty in providing their response within 2 weeks. In similar future research, I would recommend checking at regular intervals, answering any questions that CEs may have, and offering additional time to complete needed items from the CEs.

Contribution of the CEs

The CEs for this project included three members who were selected based on their expertise, leadership experience, education, and familiarity with the SNF setting. The CEs performed a formative evaluation during the project's planning step (i.e., the pre - and posttest content validation by CEs), thereby generating evidence for the project. The CEs also completed the project summary evaluation by CEs relating to the overall project, process, and my leadership and offered further improvement suggestions. The results are reported in the Findings subsection in this section.

Strengths and Limitations of the Project

Strengths

A significant strength of the project was the eagerness and support offered by the project site facility administration for the staff education implementation to take place. Another strength of the project was the use of three experienced CEs, independent from the target facility, who provided reliability and validity to the pre- and posttest items related to the project's overall desired outcomes in closing the gap in practice and the evidence-based literature. The evaluation process provided anonymity for the CEs and staff participants because no participant names were on any of the printed materials. Another strength of the project was the CEs' evaluations that provided important insights and themes concerning the overall project, process, and my leadership, including suggestions for improvement of the project.

Limitations

Limitations of this project included demands and continuous regulatory changes related to the COVID-19 pandemic. Because the CEs also work in administrative leadership roles within their respective SNFs, they also faced constant changes relating to these demands and changes. As a result, they required additional time to evaluate and return materials.

Future Projects

Working with the community coalition of SNFs, this project could be introduced to other facilities for consideration of implementation. This project could also be implemented in other settings, such as hospice and home health. With this project

implemented within other local facilities and settings, it has the potential to improve the quality of care provided within the community (see Burgener, 2017)

Summary

The purpose of this DNP project was to plan, implement, and evaluate a staff education program using the TeamSTEPPS 2.0 for Long Term Care program, which includes the SBAR Communication Tool for Handoff in Health Care (see Rucker et al., 2019). The CEs completed a formative evaluation of the pre- and posttests, ensuring its reliability and validity. The summary evaluation by the CEs provided insights into the overall project, process, and my leadership, including suggestions for improvement. The staff education program was implemented and the change in knowledge from the pretest to the posttest showed a positive change in participants' knowledge, thus demonstrating a closure in the gap in practice. In Section 5, I will discuss the dissemination plan and provide an analysis of self, including my role as a practitioner, scholar, and project manager.

Section 5: Dissemination Plan

I will disseminate the project findings to the project site facility administration during a meeting once it is scheduled. The dissemination of this project will allow leadership and the staff at the long-term care project site review the findings from the staff education program, including the change in knowledge among the staff who participated in the in-service. The dissemination of this project will also allow leadership to evaluate the value of adding this staff education program into the facilities' new hire education program to improve new hires' knowledge of effective communication and the SBAR communication process, thus enhancing the staff's ability to promote quality, cost effective care, while increasing the ability of remaining estimated 130 staff members and new hires who have not yet undergone the training to achieve optimal standards of care for the residents of the facility. The project outcome of increasing staff knowledge on effective communication and SBAR at shift change is appropriate for nursing and ancillary staff providing care to patients in the long-term care setting because it contributes to the improvement of effective communication among staff members.

I will be submitting the completed DNP SEC to ProQuest, a Walden University requirement for graduation. The project findings and TeamSTEPPS 2.0 for Long Term Care program will also be shared during a coalition meeting of local long-term facilities. The project will be shared through a brief PowerPoint presentation summarizing the education program and change in knowledge. I also plan on submitting queries for requirements for articles to organizations, such as The National Association of Directors of Nursing Administration in Long Term Care, and *McKnight's Long Term Care*

magazine. The target audience for this DNP SEC is all staff caring for patients who reside in long-term care settings because the facility staff are responsible to provide handoff reports to incoming shifts and interdisciplinary team members.

Analysis of Self

Practitioner

I started my journey as an RN with the goal of serving patients and my community and have grown to include working on completing my Family Nurse Practitioner and Psychiatric Mental Health Nurse Practitioner postmasters' certificate once I complete my DNP. As I have progressed in my career from bedside nursing into leadership roles, I found that, to serve to the best of my ability, I needed to advance my education. My passion and drive have ultimately led me to achieve my DNP to better serve both staff and the patients I serve directly or indirectly. The DNP program has helped me hone my scholarly skills and increase my knowledge, which I will be able to apply throughout my career. My long-term goal is to continue serving my community as a provider in primary care and mentor other nurses so that they too may see the value that is added when they increase their skills and knowledge to include areas of effective communication.

Scholar

Early in my career as a bedside nurse, I was introduced to evidence-based practice (EBP); however, the connection between EBP and the value EBP added to the quality, efficiency, and economy of the nursing care I provided was not always clearly presented. Working on my DNP project has further increased my awareness of the importance of

and need for the application of EBP into nursing practice. Working on my DNP has also further enhanced my understanding of what scholarship in nursing practice is. Throughout my career, I have continued to observe many occasions where EBP has been introduced, but the value of EBP is not provided to the nurses at the bedside. As a nursing leader and a scholar, I will be able to help bridge this gap with the nurses and ancillary staff that fall under my oversight by assisting in the effective application, explanation, and implementation of EBP.

Project Manager

Being a nursing leader, I am no stranger to leading or managing projects. I have managed and led a variety of projects, including performing a countywide needs assessment for HIV/AIDS patients, establishing new programs, and overseeing large projects with significant budgets. However, I believe working on planning, implementing, and evaluating this DNP project has given me additional experience that has enhanced my leadership abilities. As I have done in projects in the past, I reflected and self-critiqued my own performance within this project so that I may be able to apply what I have learned in future endeavors. To this project, I had applied frequent communication with the CEs to ensure that they had the support they needed. Although the in-service was advertised, looking back, I would explore with the target facility creative ways of marketing the in-service. Effective leadership, collaboration, and communication on my part with all those involved was necessary to ensure that the project was completed.

Challenges, Solutions, and Insights Gained

As I have pursued my DNP I have encountered many challenges. Throughout the DNP program and project, there have been multiple times I have been overwhelmed with my personal, work, and scholarly life and frequently found finding a balance difficult. Strategies such as hiring a housekeeper or having movie nights where I pulled the laptop and worked on my project in varying stages while still spending some time with the kids distracted often helped. Finishing my project despite the many stumbling blocks in my path has taken much longer than I anticipated, taking me approximately 6 years to complete compared to the average 2 to 4 years when done part time (see Schlette, 2021). There were often occasions that I had to pull back and focus on my family to be able to regain focus on my project.

Being a single mother, primary provider, and caregiver to my children, I have had no other choice but to attempt to achieve a work-life balance while balancing the academic load of the DNP program. I have learned to prioritize what I can and let go of what is not needed. At the onset of the COVID-19 pandemic and for nearly two years in, I worked as a DON of a SNF very similar to this project setting, frequently requiring a 60–80-hour work week plus on-call 24/7. The pandemic brought its own challenges and nearly obliterated any work-life balance living little to no time for family or the project. My focus remained fixed: continued perseverance and realignment towards what is essential. Family and the completion of this was a constant. My faith in God has carried me through this program. This journey has certainly been an eye opener for me and proof

that I can accomplish anything, even with adversity and challenges that come my way, as long as I keep pushing forward.

Summary

During this DNP project, I planned, implemented, and evaluated a staff education program on communication using the TeamSTEPPS 2.0 for Long Term Care program, which included the SBAR Communication Tool for Handoff in Health Care, to address the gap in practice: a lack of a standardized process of communication during shift change handoff reports at the project site SNF despite the literature showing the need for evidence-based standardized communication processes at shift change (see Streeter & Harrington, 2017). When prepared through education to develop effective communication skills, the bedside nurses, who are in the optimal position to lead social change (Hallock, 2019), should have the resources to be better prepared to establish and achieve the high standards of nursing care and promote cost effective, safe, quality care for the SNF patient population, resulting in positive social change (see Pearson, 2020).

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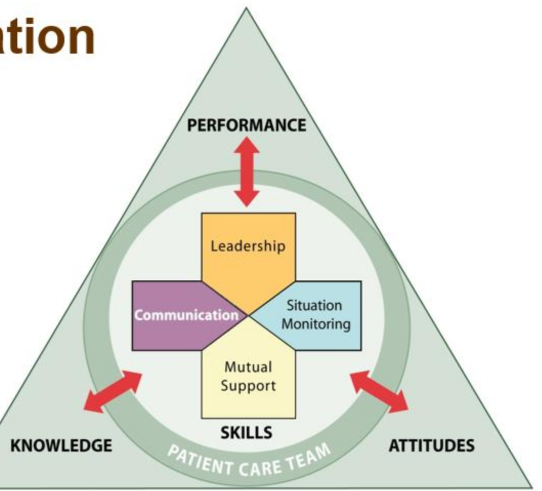
Appendix A: TeamSTEPPS 2.0 for Long Term Care Program

TeamSTEPPS® 2.0 for Long-Term Care

Communication

Communication

- Effective communication skills are vital for resident safety
- Enables team members to effectively relay information
- The mode by which most TeamSTEPPS strategies and tools are executed



Team Strategies & Tools to Enhance Performance & Patient Safety

TeamSTEPPS® 2.0 for Long-Term Care

Communication

Importance of Communication

- Joint Commission data continues to demonstrate the importance of communication in patient safety
  - 1995 - 2005: Ineffective communication identified as root cause for nearly 66 percent of all reported sentinel events*
  - 2010 - 2013: Ineffective communication among top 3 root causes of sentinel events reported**

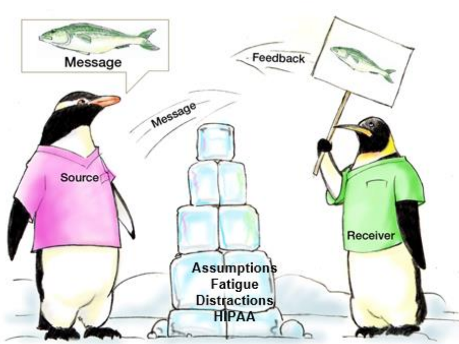
** (JC Root Causes and Percentages for Sentinel Events (All Categories) January 1995–December 2005)*

*** (JC Sentinel Event Data (Root Causes by Event Type) 2004-2012)*

Team Strategies & Tools to Enhance Performance & Patient Safety

Communication is…

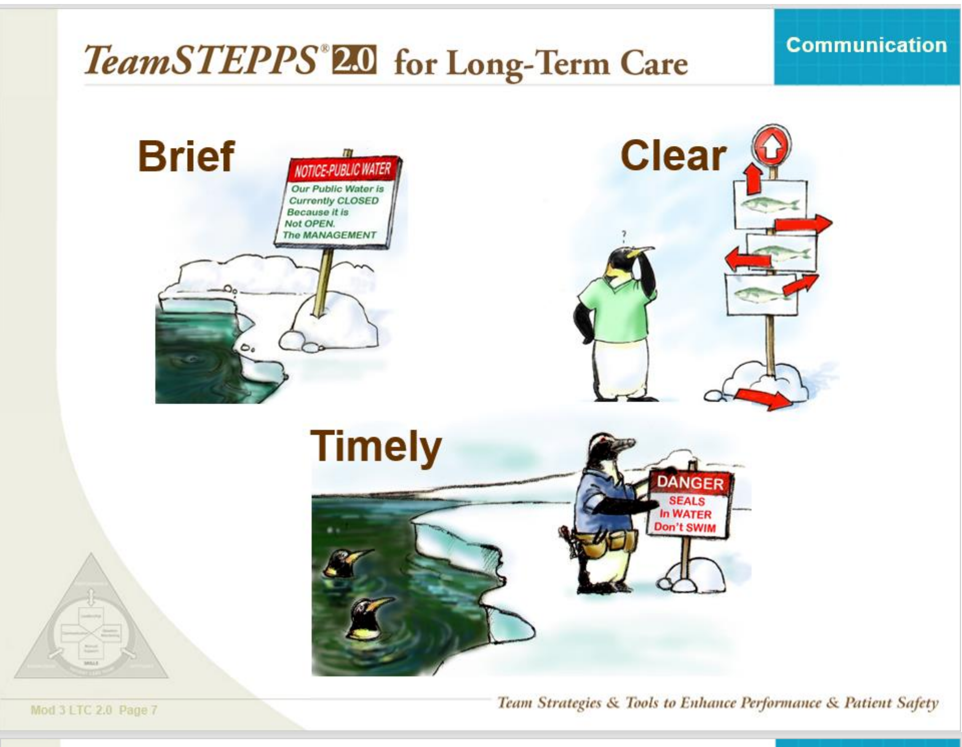
- The process by which information is exchanged between individuals, departments, work areas, or organizations
- The lifeline of the Core Team
- Effective when it permeates every aspect of an organization



TeamSTEPPS® 2.0 for Long-Term Care
Communication

Standards of Effective Communication

- **Complete**
  - Communicate all relevant information
- **Clear**
  - Convey information that is plainly understood
- **Brief**
  - Communicate the information in a concise manner
- **Timely**
  - Offer and request information in an appropriate timeframe
  - Verify authenticity
  - Validate or acknowledge information



TeamSTEPPS® 2.0 for Long-Term Care

Communication

Communication Challenges

- Language barrier
- Distractions
- Physical proximity
- Personalities
- Workload
- Varying communication styles
- Conflict
- Lack of information verification
- Shift change

Mod 3 LTC 2.0 Page 8

Team Strategies & Tools to Enhance Performance & Patient Safety

TeamSTEPPS® 2.0 for Long-Term Care

Communication

Information Exchange Strategies

- Situation – Background – Assessment – Recommendation (SBAR)
- Call-Out
- Check-Back
- Handoffs

Team Strategies & Tools to Enhance Performance & Patient Safety

TeamSTEPPS® 2.0 for Long-Term Care

Communication

SBAR Provides…

A framework for team members to effectively communicate information to one another

Communicate the following information:

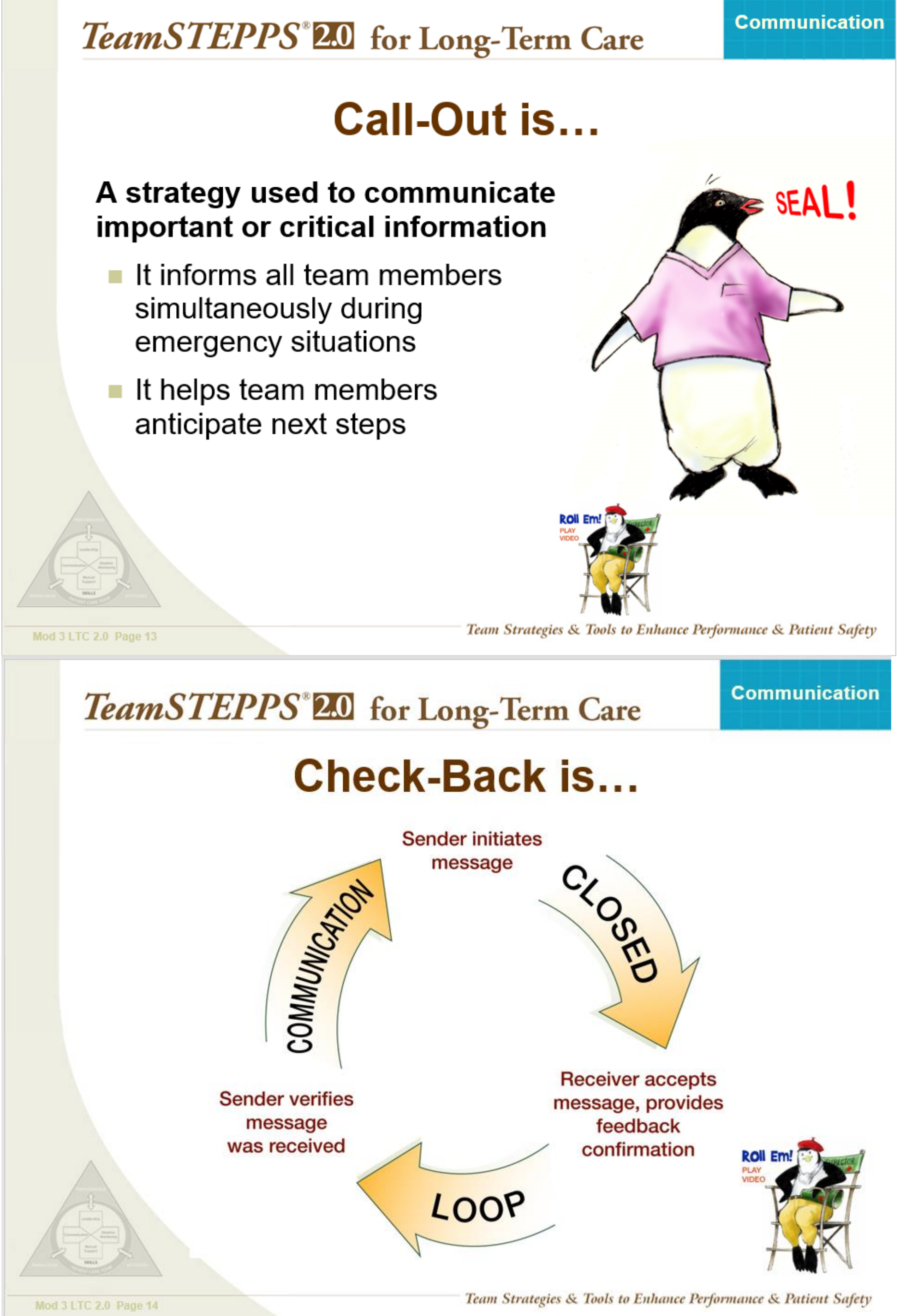
- **S**ituation—What is going on with the resident?
- **B**ackground—What is the clinical background or context?
- **A**ssessment—What do I think the problem is?
- **R**ecommendation—What would I recommend?

Team Strategies & Tools to Enhance Performance & Patient Safety

SBAR Video

SBAR Exercise

Create an SBAR example based on your role.


TeamSTEPPS® 2.0 for Long-Term Care
Communication
Call-Out is…
A strategy used to communicate important or critical information
It informs all team members simultaneously during emergency situations
It helps team members anticipate next steps
SEAL!
Roll Em!
PLAY VIDEO
Mod 3 LTC 2.0 Page 13
Team Strategies & Tools to Enhance Performance & Patient Safety
TeamSTEPPS® 2.0 for Long-Term Care
Communication
Check-Back is…
Sender initiates message
CLOSED
Receiver accepts message, provides feedback confirmation
LOOP
Sender verifies message was received
COMMUNICATION
Roll Em!
PLAY VIDEO
Mod 3 LTC 2.0 Page 14
Team Strategies & Tools to Enhance Performance & Patient Safety

TeamSTEPPS® 2.0 for Long-Term Care

Communication

Handoff is…

- The transfer of information during transitions in care across the continuum
  - Includes an opportunity to ask questions, clarify, and confirm

Mod 3 LTC 2.0 Page 15

Team Strategies & Tools to Enhance Performance & Patient Safety

TeamSTEPPS® 2.0 for Long-Term Care

Communication

Handoff Consists of…

- Transfer of responsibility and accountability
- Clarity of information
- Verbal communication of information
- Acknowledgment by receiver
- Opportunity to review

Mod 3 LTC 2.0 Page 16

Team Strategies & Tools to Enhance Performance & Patient Safety

"I PASS THE BATON"

Introduction:	Introduce yourself and your role/job (include resident)
Patient/Resident:	Identifiers, age, sex, location
Assessment:	Present chief complaint, vital signs, symptoms, and diagnosis
Situation:	Current status/circumstances, including code status, level of uncertainty, recent changes, and response to treatment
Safety:	Critical lab values/reports, socioeconomic factors, allergies, and alerts (falls, isolation, etc.)
THE	
Background:	Comorbidities, previous episodes, current medications, and family history
Actions:	What actions were taken or are required? Provide brief rationale
Timing:	Level of urgency and explicit timing and prioritization of actions
Ownership:	Who is responsible (nurse/doctor/team)? Include resident/family responsibilities
Next:	What will happen next? Anticipated changes? What is the plan? Are there contingency plans?

Other Example Handoff Tools

- I PASS
  - **I**llness severity; **P**atient/Resident Summary; **A**ction list for the new team; **S**ituation awareness and contingency plans; **S**ynthesis and "read back" of the information
- HAND-IT
  - **H**andoff **I**ntervention **T**ool

TeamSTEPPS® 2.0 for Long-Term Care

Communication

Tools & Strategies Summary

BARRIERS	TOOLS and STRATEGIES	OUTCOMES
Inconsistency in Team Membership	Communication	Shared Mental Model
Lack of Time	• SBAR	Adaptability
Lack of Information Sharing	• Call-Out	Team Orientation
Hierarchy	• Check-Back	Mutual Trust
Defensiveness	• Handoff	Team Performance
Conventional Thinking		*Resident Safety!!*
Complacency		
Varying Communication Styles		
Conflict		
Lack of Coordination and Followup with Coworkers		
Distractions		
Fatigue		
Workload		
Misinterpretation of Cues		
Lack of Role Clarity		

TeamSTEPPS® 2.0 for Long-Term Care

Communication

Applying TeamSTEPPS Exercise

1. Is your teamwork issue related to communication?
2. If yes, what is the communication issue?
3. Which TeamSTEPPS tools and/or strategies might you consider implementing to address the issue?

EXERCISE

Mod 3 LTC 2.0 Page 20

Team Strategies & Tools to Enhance Performance & Patient Safety

See Appendix D for permission to reprint all TeamSTEPPS 2.0 for Long Term Care Training materials.

Appendix B: Literature Review Matrix

Melnyk, Mazurek, and Fineout-Overholt's tool

DNP Project Title: Staff Education on Leadership: Transforming Care at the Bedside

Reference	Theoretical/ Conceptual Framework	Research Question(s)/ Hypotheses	Research Methodology	Analysis & Results	Conclusions/Recommendations for future research/practice	Grading the Evidence
Al-Araidah, O., Al Theeb, N., Bader, M., & Mandahawi, N. (2018). A study of deficiencies in teamwork skills among Jordan caregivers. *International Journal of Health Care Quality Assurance, 31*(4). 350-360. https://doi.org/10.1108/IJHCQA-11-2016-0175	Teamwork, Communication	Is teamwork and communication associated with improved quality care?	Qualitative review	Results demonstrate deficiencies in core leadership skills including action planning, process coordination, staff involvement, briefing and debriefing, communication with team members and across teams. Training should help team leaders develop an appropriate leadership style to enhance outcomes of the care process.	Team members should be trained to participate in effective teamwork, provide feedback and communicate effectively. It is essential that team members recognize the importance of participating in such training programs and its impact on their performance in the delivery of care	3
Ashcraft, A. & Owen, D. (2017). Comparison of standardized and customized SBAR communication tools to prevent nursing home resident transfer. *Applied*	Communication	Will improving communication reduce unnecessary transfers to hospitals?	Quasi-experimental study tested customized and standardized SBAR	SAS (version 9.3) and SPSS (version 21) were used to compare frequency of communication events and communication quality between	The SBAR format did not make a difference in nurse communica-tion with clinicians or resident transfer. In order to understand our findings, we	3

Nursing Research, 38. 64-69. https://doi.org/10.1016/j.apnr.2017.09.015				intervention and control conditions using chi-square analysis. Logistic regression models were used to test the effect of use of SBARs or SBARc on reducing the risk of transfer. Focus group data were analyzed using qualitative content analysis. Over the four weeks before implementation of the customized SBAR, nurse-clinician communication frequency [NH SBARs (11)/NH SBARc (3)] and transfers [NH SBARs (2)/NH SBARc (5)] were low and not significantly different between facilities.	asked nurses at both NHs why they did not use SBAR to the extent expected. Our focus group data gave us perspective about how NH nurses may be thinking about using or not using the SBAR. SBAR use in NHs is a relatively new phenomenon and this may have played a role in the low usage because NH nurses may not know the positive aspects of a structured handoff.	
Boscart, V. M., Heckman, G. A., Huson, K., Brohman, L., Harkness, K. I., Hirdes, J., McKelvie, R. S., & Stolee, P. (2017). Implementation of an	Interprofessional communication	Will improving communication and interprofessional collaboration among health care professionals in the nursing home setting improve the	Mixed method qualitative data collection approach used. Participants were sampled from two	Qualitative data were transcribed from digital recordings, or entered from field note templates, and organized	Effective interprofessional teamwork and communic-ation, coupled with enhanced, multimodal and "bedside" education can improve	3

interprofessional communication and collaboration intervention to improve care capacity for heart failure management in long-term care. *Journal of Interprofessional Care*, *31*(5), 583-592		outcomes for heart failure patients?	separate nursing homes. Baseline data was collected. Researchers visited both homes to record field notes during weekly meetings and interprofessional workshops, interviews. Potential changes to processes identified.	using an emerging content analysis based on a social constructivist approach. Data were read to identify under-lying concepts and concept clusters. The authors analyzed the data separately and developed major emerging themes. This analysis was conducted in an iterative, inductive manner until reality was co-constructed by individual experience. The analysis revealed several distinct themes when exploring participants' social constructs and perceptions of heart failure knowledge, communication, and inter-professional collabora-tion in caring for nursing home residents with heart failure	quality of care in nursing homes. provides possible insights into the application of knowledge-to-action frameworks in the specific instance of care processes for residents with heart failure. These qualitative data suggest that engaging nursing home staff to develop interprofessional heart failure care processes, through the establishment of an "in-house" CHT, is feasible and acceptable.	

				including 1) reflective consideration of heart failure as a chronic disease and recognizing differential syndromes; and 2) heart failure knowledge leading to action. They also felt they could recognize a symptom as potentially being heart failure and not dismiss it as a behavior.		
Burgener, A. (2017). Enhancing Communication to Improve Patient Safety and to Increase Patient Satisfaction. *The Health Care Manager, 36*(3). 238-243. https://journals.lww.com/healthcaremanagerjournal/Fulltext/2017/07000/Enhancing_Communication_to_Improve_Patient_Safety.5.aspx	Communication	Will enhancing effective communication impact patient safety and patient outcomes?	Literature review	The authors discussed their findings from the literature review. The found that enhanced nurse to nurse communica-tion was successful in reducing the time spent on nurse shift reports and staff rounds. They also found that that the failure to communicate and inadequately handing off patients is a common factor in adverse events.	Patient care suffers when providers communicate poorly between each other and their patients. Enhancing communication through SBAR as well providing staff training and education programs. Health care providers need to be able to communicate efficiently with each other in order to impact patient safety and patient outcomes.	4
Chen, A., Yau, B.,	Communication	Does implementing an	Literature review	The primary aim of the	This study reviewed the	4

Revere, L., & Swails J. (2019). Implementation, evaluation, and outcome of TeamSTEPPS in interprofessional education: A scoping review. *Journal of Interprofessional Care, 33*(6). 795-804. https://doi.org/10.1080/13561820.2019.1594729		education program such as TeamSTEPPS achieve a culture of safety?		studies could have been summarized into three major categories including description of an implementation of an interprofessional education program using TeamSTEPPS, measurement of student improvement after exposure to TeamSTEPPS curriculum. development and assessment of an evaluation tool to measure outcomes of IPE curriculum.	current literature to explore the use and outcomes with the implementation and evaluation of the TeamSTEPPS curriculum. They found the curriculum to be diverse enough in terms of both implementation and evaluation so that it can be shown that TeamSTEPPS can be a toolbox that can be adapted to multiple educational circumstances across multiple staff members.	
Howe, E. (2013). Empowering certified nurse's aides to improve quality of work life through a team communication program. *Geriatric Nursing, 35*(2). 132-136. https://doi.org/10.1016/j.gerinurse.2013.11.004	Communication	Will quality of care improve if CNA's are provided support and education on communication for nursing home patients?	Single group mixed group mixed quantitative and qualitative with a pre-post program design.	Overall the CNAs expressed positive feelings toward the program experience and identified that while teamwork and communication remained issues, they had a greater awareness of these problems on the unit post-	The interventions in TeamSTEPPS can help LTC staff understand and experience the importance of teamwork, communication to patient safety, staff satisfaction and the overall functioning of the wing/facility.	4

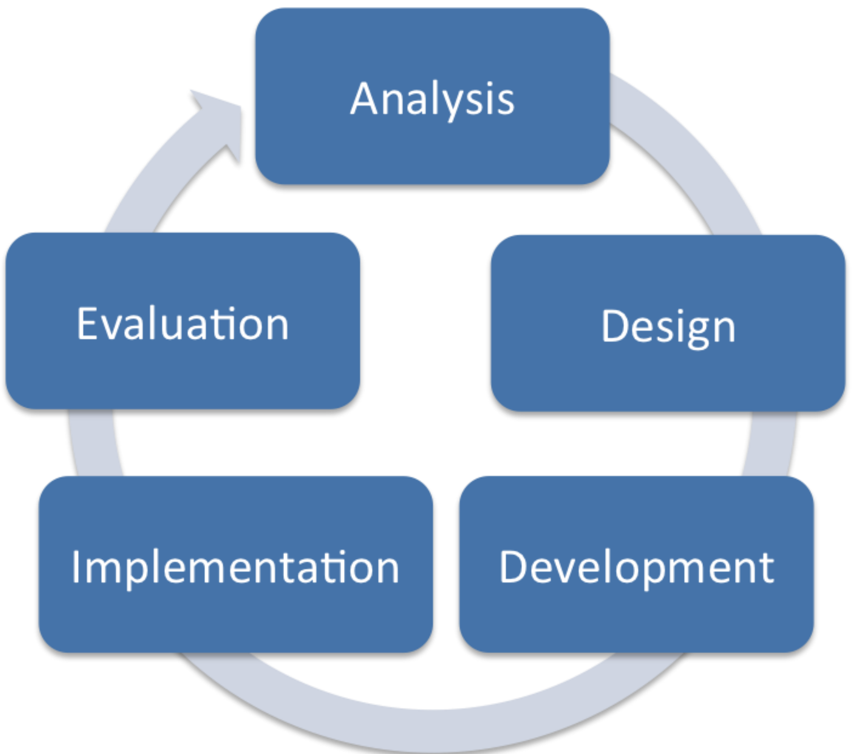
				program. They discussed how they were more likely to identify the root of the problem and discuss it with one another than before the program began. One described that it had opened up a means of communication for them that the hadn't had before. They felt a greater autonomy and expressed a new awareness to initiate and support change.		
S., & Wood, F. G. (2018). Communicating patient status: Comparison of teaching strategies in prelicensure nursing education. *Nurse Educator*, *43*(3), 162–165. https://qsen.org/wp-content/uploads/2017/05/42.-Lanz.-Communicating -Patient-Status-1.pdf	Communication	When using a standardized communication framework, will performance and satisfaction improve?	Literature review	The authors identified deficits in multiple key areas for novice nurses in professional communication including know-how, professional communication, and nurse to physician communication. Recognition of a patient's unique needs and deep understanding of their condition are required to	Improving nursing education to effectively support the development of professional communica-tion competencies for nursing students will be important in improving outcomes and quality. The inability to communicate effectively can have a serious to patient safety and outcomes. What can be concluded	4

				determine what is important in a given situation. To communicate a patient's condition, breaking down the process into steps such as that provided in the ISBARR framework can be useful in learning procedural elements. Proficiency is contingent on the ability for staff to recognize the important features of a clinical situation and identify relevant assessments.	from this research and other inquiries is that effective reporting requires more than attention to framework; assessment and clinical reasoning are fundamental to the process.	
Miller, C., Kim, B., Silverman, A., & Bauer, M. (2018). A systematic review of team-building interventions in non-acute health care settings. *BioMed Central, 18*(146). https://doi.org/10.1186/s12913-018-2961-9	A microclimate model, situational intentional leadership, advocate support, enabling conditions, and change agent behaviors.	In there a significant difference between general leadership behaviors and behaviors of an innovative leader?	Three separate innovation projects were reviewed during a fellowship program to determine effectiveness of fellowship programs for nursing leaders.	Leaders who demonstrated innovative behaviors showed higher rates of engagement.	Nurses show that when innovative leadership skills are able to bring holistic care, have the ability to collaborate and adapt to the changing environment within health care.	Level 4
Streeter, A. & Harrington, N. (2017). Nurse handoff communication. *Seminars in Oncology*	Communication	What communication behaviors identified by nurses as key are part of a competent	Qualitative analysis of nurse descriptions of best and worst handoffs	Nurses described best handoffs as providing organized detailed and comprehensi	Competent handoff involves an exchange of information and specific behaviors such	3

Nursing, 33(5). 536-543. https://doi.org/10.1016/j.soncn.2017.10.002		patient hand off at change of shift?	from the incoming and outgoing nursing perspective. cross-sectional online survey that explored the information exchange and relational communication behaviors associated with a communicatively competent patient handoff at nursing shift change	ve information. Having the ability to answer questions led to higher quality handoffs. Worse handoffs include inaccurate and incomplete information, nurses that may be distracted or disorganized or did not have pertinent information.	as giving, seeking, and verifying. Relational communication behaviors including trust, warmth, and concern are also important.	

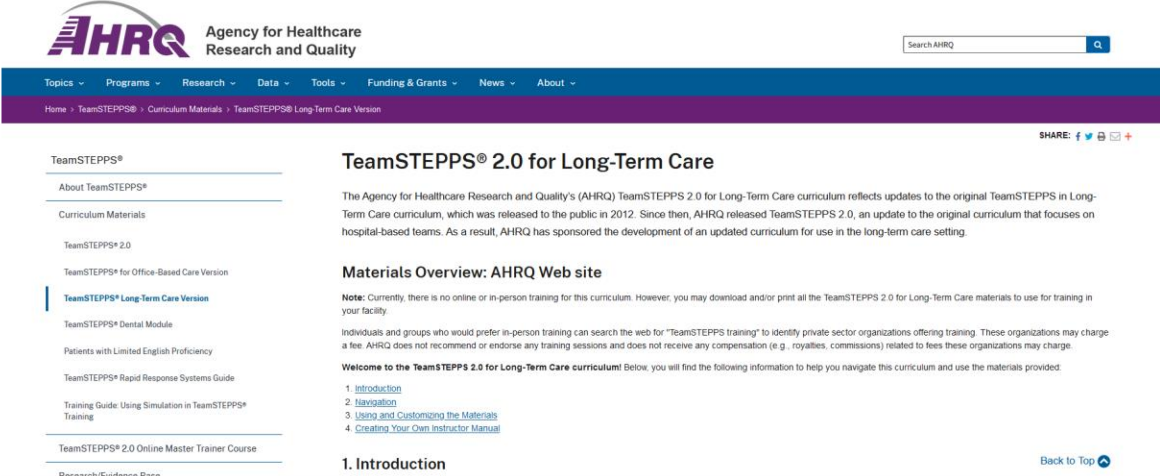
Note. Evidence graded using the hierarchy of evidence model from "Evidence-based Practice Step by Step: Critical appraisal of the evidence: Part I," by E. Fineout-Overholt , B. M. Melnyk, S. B Stillwell, and K. M Williamson, 2010, *American Journal of Nursing, 110*(7), pp .47-52.

Appendix C: Analysis, Design, Development, Implementation, Evaluation Model



Kurt, S. (2018). *ADDIE model: Instructional design.* Educational Technology. https://educationaltechnology.net/the-addie-model-instructional-design/

Appendix D: TeamSTEPPS Long Term Communication Module Permission



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TeamSTEPPS® 2.0 for Long-Term Care

The Agency for Healthcare Research and Quality's (AHRQ) TeamSTEPPS 2.0 for Long-Term Care curriculum reflects updates to the original TeamSTEPPS in Long-Term Care curriculum, which was released to the public in 2012. Since then, AHRQ released TeamSTEPPS 2.0, an update to the original curriculum that focuses on hospital-based teams. As a result, AHRQ has sponsored the development of an updated curriculum for use in the long-term care setting.

Materials Overview: AHRQ Web site

Note: Currently, there is no online or in-person training for this curriculum. However, you may download and/or print all the TeamSTEPPS 2.0 for Long-Term Care materials to use for training in your facility.

Individuals and groups who would prefer in-person training can search the web for "TeamSTEPPS training" to identify private sector organizations offering training. These organizations may charge a fee. AHRQ does not recommend or endorse any training sessions and does not receive any compensation (e.g., royalties, commissions) related to fees these organizations may charge.

Welcome to the TeamSTEPPS 2.0 for Long-Term Care curriculum! Below, you will find the following information to help you navigate this curriculum and use the materials provided:

1. Introduction
2. Navigation
3. Using and Customizing the Materials
4. Creating Your Own Instructor Manual

1. Introduction

Back to Top

Appendix E: Pre- and Posttest Content Validation by Content Experts

Title of Project: Staff Education on Effective Communication in Long Term Care

Student: Alexandra Dzikowski

Respondent No. (A, B, C)

Accompanying Packet: Curriculum Plan, Pretest/Posttest with answers, Pretest/Posttest Expert Content Validation Form

INSTRUCTIONS: **Please check each item to see if the question is representative of the course objective and the correct answer is reflected in the course content.**

Test Item #

1 Not Relevant __ Somewhat Relevant__ Relevant___ Very Relevant__ Comments:

2 Not Relevant__ Somewhat Relevant__ Relevant___ Very Relevant__ Comments:

3 Not Relevant__ Somewhat Relevant__ Relevant___ Very Relevant__ Comments:

4 Not Relevant__ Somewhat Relevant__ Relevant___ Very Relevant__ Comments:

5. Not Relevant__ Somewhat Relevant__ Relevant___ Very Relevant__ Comments:

6 Not Relevant__ Somewhat Relevant__ Relevant Very Relevant__ Comments:

7 Not Relevant__ Somewhat Relevant__ Relevant Very Relevant__ Comments:

8 Not Relevant__ Somewhat Relevant__ Relevant Very Relevant__ Comments:

9 Not Relevant__ Somewhat Relevant__ Relevant Very Relevant__ Comments:

10 Not Relevant__ Somewhat Relevant__ Relevant Very Relevant__ Comments:

Moon/August 2019

Appendix F: Content Expert Packet Letter

August 3, 2021

Dear Content Expert:

Thank you for participating and providing your input in my project entitled "Staff Education on Effective Communication in Long Term Care". Enclosed you will find the template to be completed with instructions at the top:

Reference material: Literature Review Matrix

Curriculum Plan

Pretest/Posttest with answer key

TeamSTEPPS PowerPoint

Instructors Guide (link):

https://www.ahrq.gov/sites/default/files/wysiwyg/teamstepps/longtermcare/module3/ts2-0ltc_module3_ig_comm.pdf

Template: Pretest/Posttest Content Validity by Content Experts

The evaluation will be anonymous and identified by number only. Once you have completed the packet, please return to XXXXXXXX, where your evaluation will be printed out and returned to me without any identifying information. I ask that these be completed and returned within 2 weeks of the date of this letter or August 17, 2021. Please feel free to contact me at XXXXXXXX should you have any questions.

Sincerely,

Alexandra Dzikowski, MSN, RN, LNCC

Appendix G: Curriculum Plan

Curriculum Plan

Title of Project: Staff Education on Effective Communication in Long Term Care

Student: Alexandra Dzikowski

Problem: The practice focused problem to be addressed in this DNP project is the lack of effective communication between team members, especially at shift change during handoff reports.
Purpose: The meaningful gap-in-practice for which this DNP project is being developed is that there is a lack of a standardized process of communication during shift change handoff reports at the project site, while the evidence-based literature shows the need for evidence-based standardized communication processes at shift change (Streeter & Harrington, 2017).
Practice Focused Questions:

- Will the evidence produced on SBAR within the last 5 years support the continued use of the TeamSTEPPS® program for educating staff members in the SNF on communication?
- Will the CEs pretest/posttest content validation index score meet the acceptable limit of 0.78 to assure that the test items are reliable from the TeamSTEPPS® curriculum brought forth from the evidence-based literature?
- Will a staff education program on communication increase staff knowledge as evidenced by a positive change between pre and post test scores?

Objective Number and Statement	Detailed Content Outline	Evidence	Method of Presenting	Method of Evaluation P/P Item
1. Describe how communication affects team processes and outcomes	Communication impacts resident/patient safety. Enables team members to effectively relay information. (Slide 3)	Agency for Healthcare Research and Quality (AHRQ). (2019). TeamSTEPPS 2.0 for long-term care. https://www.ahrq.gov/teamsteps/longtermcare/index.html (B-3-7 Instructors Guide) The continued importance of effective communication in	PowerPoint presentation	Pretest/ Posttest items 2 & 7

		care teams cannot be understated. According to sentinel event data compiled by the Joint Commission between 1995 and 2005, ineffective communication was identified as the root cause of 66 percent of reported errors. More recent Joint Commission data from 2010 to 2013 show that ineffective communication has remained among the top three root causes of sentinel events. As these data illustrate, failure to communicate effectively as a team significantly increases the risk of error. (B-3-9 Instructors Guide)Lack of communication among department staff can lead to failure to: • Share information with the team; • Request information from others; • Direct information to specific team members; and • Include residents and their families in communication involving their care.		
2. Define effective communication	Process by which information is exchanged between individuals, departments, work areas, or organizations. The life line of the core team. Effective when it permeates every aspect of an organization.	Agency for Healthcare Research and Quality (AHRQ). (2019). TeamSTEPPS 2.0 for longterm care. https://www.ahrq.gov/teamstepps/longtermcare/index.html (B-3-6 Instructors Guide) Communication is the lifeline of a well-functioning team and serves as a coordinating mechanism for teamwork. Effective communication skills are vital for resident safety and interplay directly with the other components of the TeamSTEPPS framework.	PowerPoint presentation	Pretest/ Posttest items 6 & 10

	(Slide 5)	Further, communication is the mode by which most of the TeamSTEPPS tools and strategies are executed. Therefore, this module serves as the basis for the leading teams, situation monitoring, and mutual support modules that will follow. (B-3-28 Instructors Guide) Communication skills interact directly with leadership, situation monitoring, and mutual support: • Team leaders require effective communication skills to convey clear information, provide awareness of roles and responsibilities, and provide feedback. • Team members monitor situations by communicating any changes to keep the team informed and the resident protected. • Communication facilitates a culture of mutual support when team members request or offer assistance and verbally advocate for the resident. • Communication tools that can enhance teamwork include the SBAR, call-out, check-back, and handoff. These tools facilitate effective and efficient communication within and across teams. Good communication facilitates the development of shared mental models, adaptability, mutual trust, and resident safety.		
3. Identify communication challenges	Language barrier, distractions, physical proximity, personalities, workload, varying	Agency for Healthcare Research and Quality (AHRQ). (2019). TeamSTEPPS 2.0 for longterm care. https://www.ahrq.gov/teamstepps/longtermcare/index.html	PowerPoint presentation	Pretest/ Posttest items 8

	communicatio n styles, conflict, lack of information verification, shift change (slide 8, 19)	(B-3-10-11 Instructors Guide) Nonverbal communication can take several forms. Written communication is common in health care. This form of nonverbal communication should adhere to many of the same standards we will discuss shortly. In addition, one should be mindful of standards associated with written communication, such as the Joint Commission's "Do Not Use" list of abbreviations. Another form of nonverbal communication is body language. The way you make eye contact and the way you hold your body during a conversation are signals that can be picked up by the person with whom you are communicating. Body language plays a significant role in communication. In a face-to-face communication, words account for 7 percent of the meaning, tone of voice accounts for 38 percent of the meaning, and body language accounts for the remaining 55 percent. Although powerful, this mode of communication does not provide an acceptable mode to verify or validate (acknowledge) information. A third form of nonverbal communication is visual cues. For example, the use of color coding for assignments, charts, scrubs, orders, and so on can help team members identify the information they need quickly. To avoid making assumptions that can lead to error, you should verify in writing or orally any nonverbal		

		communication, such as body language or visual cues, to ensure resident safety. The simple rule is, "When in doubt, check it out, offer information, or ask a question."		
4. Identify TeamSTEPPS tools and strategies that can improve a team's communication	Information exchange strategies (Slide 9, 19) including Situation, Background, Assessment, Recommendation (SBAR) (Slide 10-12) Call-Out (Slide 13) Check-Back (Slide 14) Handoffs (Slide 15-18)	Agency for Healthcare Research and Quality (AHRQ). (2019). TeamSTEPPS 2.0 for longterm care. https://www.ahrq.gov/teamstepps/longtermcare/index.html (B-3-17 Instructors Guide) The SBAR technique provides a standardized framework for members of the health care team to communicate about a resident's condition. You may also refer to this as the ISBAR, where "I" stands for "Introductions. Although SBAR is typically used as a communication tool between care team staff, it can also be modified for use by the resident to communicate with the care team. For example, your facility could provide residents with a version of SBAR to enable them to share information about their own situation, background, assessment, and recommendations, or to ask the care team about their care. The SBAR technique provides a standardized framework for members of the health care team to communicate about a resident's condition. You may also refer to this as the ISBAR, where "I" stands for "Introductions."	PowerPoint presentation	Pretest/ Posttest items 1, 3, 4, 5, & 9

		In phrasing a conversation with another member of the team, consider the following: • Situation—W hat is happening with the resident? • Background—W hat is the clinical background? • Assessment—W hat do I think the problem is? • Recommendation—What would I recommend? (B-3-21 Instructors Guide) A call-out is a tactic used to communicate critical information during an emergent event. Critical information called out in these situations helps the team anticipate and prepare for vital next steps in resident care. It also benefits a recorder when present during a code or emergent event. One important aspect of a call- out is directing the information to a specific individual. (B-3-23 Instructors Guide) A proper handoff includes the following: • Transfer of responsibility and accountability—When handing off, it is your responsibility to know that the person who must accept responsibility is aware of assuming responsibility. Similarly, you are accountable until both parties are aware of the transfer of responsibility. • Clarity of information—When uncertainty exists, it is your responsibility to clear up all ambiguity of responsibility before the transfer is completed. • Verbal communication of information—You cannot assume that the person obtaining responsibility will read or understand written or		

		nonverbal communications. • Acknowledgment by receiver—Until it is acknowledged that the handoff is understood and accepted, you cannot relinquish your responsibility. • Opportunity to review—Handoffs are a good time to review and have a new pair of eyes evaluate the situation for both safety and quality. (B-3-25 Instructors Guide) Your nursing home should determine a standard protocol for delivering handoffs and make it known to everyone. "I PASS the BATON" is a TeamSTEPPS tool that provides one option for conducting a structured handoff. I Introduction—Introduce yourself and your role/job (include resident). P Patient/Resident—Name, identifiers, age, sex, location. A Assessment—Presenting chief complaint, vital signs, symptoms, and diagnosis. S Situation—Current status/circumstances, including code status, level of uncertainty, recent changes, response to treatment. S Safety Concerns—Critical lab values/reports, socioeconomic factors, allergies, alerts (falls, isolation, etc.). THE B Background—Comorbidities, previous episodes, current medications, family history. A Actions—What actions were taken or are required? Provide brief rationale. T Timing—Level of urgency and explicit timing and prioritization of actions.		

		O Ownership—Who is responsible (nurse/doctor/team)? Include resident/family responsibilities. N Next—What will happen next? Anticipated changes? What is the plan? Are there contingency plans?		

Moon/May 2020

Appendix H: Pretest/Posttest

Staff Education on Effective Communication in Long Term Care
Pretest/Posttest

Date: ____________________
Participant Number: _______

Thank you for participating in this in-service. The purpose of this test is to assess the level of knowledge before and after the instructional portion of this inservice. The results will be reported to administration of the facility and will be used in this doctoral project. Your identity will be kept completely confidential, and your name will not be used or collected during the pretest or posttest. You will be asked to write the participant number that you have drawn and will be unique and only known to you.

Please circle the answer that you feel is the most correct. Each question will have only one correct answer. You will have 10 minutes to complete the test.

1. In which contexts can the SBAR be used? (B-3-17; Slide 10; Objective #4):
   a. Nurse to Pharmacy
   b. Nurse to Maintenance
   c. CNA to Janitor
   d. Nurse to Social Services

2. According to sentinel event data compiled by the Joint Commission between 1995 and 2005, ineffective communication was identified as ___% of reported errors, and more recent data indicates that ineffective communication has remained among the top ___ causes of sentinel event. (B-3-7; Slide 4; Objective #1):
   a. 13%, 20
   b. 66%, 3
   c. 35%, 5
   d. 90%, 1

3. In the following situation, indicate which portion of the SBAR model is described: Doctor, the patient is complaining of 7/10 pain to his right wrist and has swelling to the area after their fall earlier, I believe he would benefit from pain medication and an x-ray to the right wrist (B-3-17; Slide 10; Objective #4):
   a. S – Situation
   b. B – Background
   c. A – Assessment
   d. R – Recommendation

4. Check-back method of communication ensures that the tasks delegated were completed. (Page B-3-21, Slide 14; Objective #4)
   a. True
   b. False

5. A proper handoff includes all **EXCEPT**: (Page B-3-23, Slide 15; Objective #4)
   a. Meeting patient safety standards
   b. Opportunity to review
   c. Thorough completion of documentation
   d. Clarity of information

6. Which of the following is not a characteristic of communication): (B-3-6; Slide 3; Objective #2):
    a. Is the lifeline of a well-functioning staff member
    b. Is vital for resident safety.
    c. Is a method that is known and recognized by all involved.
    d. Includes the ability to ask questions

7. Lack of communication among department staff can lead to failure in the following ways **EXCEPT**: (B-3-9; Slide 4; Objective #1):
    a. Share information with the team.
    b. Request information from others.
    c. Responsibilities not being taken by the right staff.
    d. Reduce distractions that will impede staff from getting their work done effectively.

8. The following is true about communication (B-3-13; Slide 6; Objective #3):
    a. Nonverbal communication, just as verbal communication, is a powerful mode of communication and should be verified to prevent errors.
    b. Nonverbal communication is as reliable as verbal communication and does not need to be verified.
    c. Nonverbal communication has no part in effective communication and should be ignored while at work.
    d. Nonverbal communication is an effective method of communication because it is quick, and everyone has a basic understanding.

9. Information exchange strategies include (B-3-16; Slide 9; Objective #4):
    a. Situation, Barriers, Assessments, Recommendations
    b. Call In
    c. Check back
    d. Handout

10. Expected outcomes to effective communication include all except (B-3-28; Slide 19; Objective #2):
    a. Adaptability
    b. Improved performance
    c. Individual growth
    d. Safety

Answer Key

1. d
2. b
3. d
4. False
5. c
6. a
7. c
8. a
9. c
10. c

Appendix I: Evaluation of the Staff Education Program by Participants

Objective Statement	Were the objectives met? Please circle.	Comments
1. Describe how communication affects team processes and outcomes	Yes No	
2. Define effective communication	Yes No	
3. Identify communication challenges	Yes No	
4. Identify TeamSTEPPS tools and strategies that can improve a team's communication	Yes No	
Additional Comments:		

Appendix J: Content Expert Evaluation of the Project, Process, and My Leadership

Title of Project: Staff Education on Effective Communication in Long Term Care

Student: Alexandra Dzikowski

Thank you for completing the Summary Evaluation on my project. Please complete and send anonymously via interoffice mail to:

I. Content Expert Approach

   a. Please describe the effectiveness (or not) of this project in terms of communication, and desired outcomes etc.

   b. How do you feel about your involvement as a content expert member for this project?

   c. What aspects of the content expert process would you like to see improved?

II. There were outcome products involved in this project including an educational curriculum and pre/ posttest.

   a. Describe your involvement in participating in the development/approval of the products.

   b. Share how you might have liked to have participated in another way in developing/approving the products.

III. The role of the student was to be the leader of the project.

   a. As a leader how did the student direct you to meet the project goals?

   b. How did the leader support the you in meeting the project goals?

IV. Please offer suggestions for improvement.

Moon/Aug 2020

Appendix K: Summary of the Evaluation of the Staff Education Program by Participants

Objective Statement	Were the objectives met? Please circle.	Comments
1. Describe how communication affects team processes and outcomes	23 Yes 0 No	No comments made.
2. Define effective communication	23 Yes 0 No	No comments made.
3. Identify communication challenges	23 Yes 0 No	No comments made.
4. Identify TeamSTEPPS tools and strategies that can improve a team's communication	23 Yes 0 No	No comments made.
Additional Comments: No comments made		

Appendix L: Summary of the Evaluation Results of the Staff Education Project, Process, and My Leadership by Content Experts

Title of Project: Staff Education on Effective Communication in Long Term Care

Student: Alexandra Dzikowski

Thank you for completing the Summary Evaluation on my project. Please complete and send anonymously via interoffice mail to:

I. Content Expert Approach

a. Please describe the effectiveness (or not) of this project in terms of communication, and desired outcomes etc.

Evaluator A	Evaluator B	Evaluator C
This project provided a great foundation program to increase communication during shift-change and throughout the department.	I believe the project was effective and achieved the desired outcome of improving communication by providing solid education on communication at all levels.	The project was effective in providing the desired outcome to increase communication among team members at shift change and within departments.

b. How do you feel about your involvement as a content expert member for this project?

Evaluator A	Evaluator B	Evaluator C
I feel this was an overall positive experience and I appreciate the training provided.	It was a great experience.	Participating in this project was a great experience.

c. What aspects of the content expert process would you like to see improved?

Evaluator A	Evaluator B	Evaluator C

No recommendations. I am satisfied with my experience.	No recommendations. It was a great experience.	I have no recommendations at this time.

II. There were outcome products involved in this project including an educational curriculum and pre/ posttest.

c. Describe your involvement in participating in the development/approval of the products.

Evaluator A	Evaluator B	Evaluator C
My experience and input as given was taken into account for these products.	I was given the opportunity to provide my experience and knowledge in this project.	I feel that my involvement in the development/approval of the products of the products included my person experience and knowledge in this field.

d. Share how you might have liked to have participated in another way in developing/approving the products.

Evaluator A	Evaluator B	Evaluator C
No recommendations. I am satisfied with my participation.	None at this time. I'm happy in how I participated.	I have no recommendations at this time.

III. The role of the student was to be the leader of the project.

a. As a leader how did the student direct you to meet the project goals?

Evaluator A	Evaluator B	Evaluator C

Alexandra was available for support and guidance throughout the project and provided clear direction.	In addition to giving clear instructions, Alexandra reached out on a regular basis to check in and answer any questions.	Alexandra gave concise instructions and reached out at regular intervals to see if there were any questions. She was available if for any questions.

b. How did the leader support you in meeting the project goals?

Evaluator A	Evaluator B	Evaluator C
Alexandra checked in during the process to see if any assistance or extra guidance was needed. She stayed accessible throughout my participation.	Alexandra was able to reach out to see if there were any questions or additional guidance needed. She was readily available through phone and email. She was flexible as well.	Alexandra remained available throughout. She also check in to see if I had any questions or needed any additional support.

IV. Please offer suggestions for improvement.

Evaluator A	Evaluator B	Evaluator C
No suggestions at this time.	I have no suggestions to offer for this project.	None for this project.

Moon/Aug 2020