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Staff Education Workshop Focusing on Enhancing Nurse Knowledge and Adherence to the TIME (Tissue, Infection/ Inflammation, Moisture, Edge) Framework to Improve the Quality of Wound Assessment and Care

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College of Nursing

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Ijeoma Onyejji

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the review committee have been made.

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Walden University
2025

Executive Summary: Staff Education Project

Staff Education Workshop Focusing on Enhancing Nurse Knowledge and Adherence to
the TIME (Tissue, Infection/Inflammation, Moisture, Edge) Framework to Improve the
Quality of Wound Assessment and Care

By

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MS, Walden University, 2020

BS, Chamberlin University, 2015

Executive Summary Submitted in Partial Fulfillment
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Doctor of Nursing Practice

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Summary

This staff educational project focused on implementing training on the tissue, infection/inflammation, moisture, edge (TIME) framework to address gaps in nurses' knowledge and improve adherence to the TIME framework during wound assessment. Current evidence shows inconsistent use of standardized wound assessment among nurses, which can lead to inappropriate treatment, delayed wound healing, increased infection risk, and higher healthcare utilization. This project's question sought to assess whether implementing a staff education workshop focusing on the TIME framework would enhance nurse knowledge and adherence to the TIME framework. Six nurses participated in the training. Pre/post questionnaires were used to evaluate knowledge before the training and knowledge changes after the training. Nurses were also assessed using a 10-point checklist covering each element of the TIME framework to assess improvement in adherence rates. The results were summarized using means and frequency using Excel. The average pretraining knowledge score was 79.61% while the average post training score was 97.22%. The mean knowledge scores improved by a 22.12%. This suggests a notable improvement in knowledge of the TIME framework post training. Notably, all nurses' knowledge score improved post training, illustrating that all participating nurses benefited from the training sessions. The mean adherence rate improved from baseline ($M = 5.33$ out of 10 points (53.3%) to after the training ($M = 9.5$ or 95%), demonstrating a 41.7% improvement in adherence to the TIME framework during wound assessment and documentation. These results will translate to improved wound assessment and care at the facility and has significant implications for social change as the project will translate to better care for patients.

Background

Proper wound assessment is crucial for ensuring effective treatment and management of wounds (Guarro et al.,2023). While standardized wound assessment tools are available for nurses, current evidence shows that nurses inconsistently apply these frameworks during wound assessments and care. The TIME framework, a standardized approach for assessing and managing wounds that is focused on tissue, infection/inflammation, moisture, and edge has demonstrated enhancing the accuracy and consistency of wound assessment (Sussman, 2023).

However, evidence at the wound facility where this project took place, indicated that only 40% of nurses applied the TIME framework when assessing wounds. The inconsistent application of this framework in wounds assessment can be attributed to inadequate knowledge and understanding of the benefit of using this framework in enhancing the quality of wound care. Data from the facility show that only 60% of nurses can accurately identify the principles of the TIME framework and its application in wound care. Analysis of patient charts shows that only 40% of wound care documentation include comprehensive assessments based on the standardized wound assessment framework such as the TIME framework.

The inconsistent use of standardized wound assessment tools often results in inadequate wound assessment and inappropriate wound care interventions. This can lead to delayed healing, higher infection risk, increased economic burden, and unnecessary clinical visits (Mokhta et al., 2023). This can also result in variability in wound assessments performed by nurses.

The purpose of this project is to implement a staff education workshop focusing on the TIME framework to enhance nurse knowledge and adherence to the TIME framework to improve the quality of wound assessment and care. This project's practice-focused question sought to assess whether the implementation of a staff educational workshop focusing on the TIME framework would improve nurses' knowledge and adherence to the TIME framework, ultimately improving quality of wound assessment and care at the facility.

Evidence Supporting the Change

A comprehensive literature search was conducted in three databases, including Medline, CINAHL, and PubMed databases to gather evidence from peer-reviewed articles supporting the project's topic. Evidence comprised Level II and Level III studies. All studies were critically appraised, and only high-quality articles were included in the evidence synthesis. Nine articles published between 2019 and 2025 were included in the review.

Fernández-Araque et al. (2023) noted that 29.60% of nurses reported not having any specific training in chronic wounds while 65.13% reported having courses in wounds training up to 20 hours. The gap in nursing wound care knowledge validates the need for a training intervention to enhance nurses' knowledge of wound care practices.

Six articles provided consistent evidence demonstrating that provider educational interventions focusing on structured wound assessment, repair, and management are effective in enhancing providers' knowledge, skills, and competencies in wound care. Mokhtar et al. (2023) reported that nurse training workshop on the TIME framework resulted in significant improvement in nurses' knowledge about wound care (pretest

mean = 3.33 vs. posttest mean = 4.96), practical performance in wound care (pretest mean = 1.21 vs. posttest mean = 2.15) as well enhanced nurses' attitudes toward using the TIME framework. Similarly, the findings by Jensen et al. (2023) revealed that structured training in the Wound Care Pathway significantly improves nurses' wound care knowledge (64.7% pretraining to 88.5% post training), confidence (from 5.4 to 7.6), motivation (+15%), and critical thinking (89% of participating nurses reported that the training improved their ability to assess holistic factors beyond the wound).

Sánchez-Gálvez et al.(2024) also found an educational workshop focused on skin integrity, assessment, and repair resulted in substantial improvement in wound care knowledge among students in the intervention group (from pretest 30 ± 0.76 to posttest 43 ± 0.61) compared to those in the control group (scored 17 ± 0.22). This study specifically revealed that educational intervention enhances students' knowledge in key areas of wound care, including prevention of skin integrity impairment, assessment and diagnosis of wounds, treatment strategies, care of lower limb wounds, and wound bed preparation.

In another mixed-methods study involving 65 midwifery students, Diaz et al. (2020) reported that a perineal wound assessment and repair education for midwifery students led to statistically significant improvement in knowledge, self-confidence, and clinical skills in wound assessment and repair ($p < .0001$). Qualitative findings also revealed that most participants agree that the training enhanced their confidence in wounds assessment and perceived the training as highly relevant. The positive results of this study reinforce the significance of standardized workshops on wound assessment and repair to improve knowledge and confidence in wound assessment and repair.

A systematic review and meta-analysis by Yan et al. (2022) involving 29 studies showed that educational interventions focusing on wound assessment and management significantly enhances nurses' knowledge, confidence, and skills. Yan et al. (2022) reported that nurses in the experimental group had a higher knowledge score (MD = 10.00; $P < .001$), proper knowledge (OR = 20.70; $P < .001$), improved practice scores (MD = 12.39; $P < .001$), proper practice (OR = 3.56; $P < .001$), and better attitude scores (MD = 7.46; $P < .001$) compared to those in the control group. This study demonstrates pressure injury training programs have significant impact in enhancing the nurses' knowledge, practice, attitudes, and ability to care for patients with pressure injuries.

Another systematic review by Diaz et al. (2022) revealed that all five studies included in this review reported that educational interventions on perineal wound assessment and repair resulted in significant improvements in participants' knowledge and skills among midwives and midwifery students. This study also revealed that the training significantly enhanced nurses' confidence in wound assessment. These studies show the effectiveness of staff training programs in enhancing nurses' knowledge, skills, and competencies in wound care.

Another study by Fernández-Araque et al. (2019) involving four specialists indicate that the TIME clinical decision support tool (CDST) was easy to use, enhanced confidence, encouraged evidence-based decisions, and supported effective wound assessments. Similarly, Laver (2024) showed that implementing standard wound assessment tools enhances providers decision-making and assessment skills. The results showed that most staff revealed that the standardized wound care strategy and toolkit were clear and helpful in supporting decision-making and building confidence in

managing various wound types (Laver, 2024). These studies support the implementation of standardized wound assessment tools such as the TIME CDST to support consistency in wound assessments and promote evidence-based wounds care.

These studies provide consistent evidence that support the implementation of staff training focusing on standardized wound assessment tools. These studies also indicate the significance of incorporating the TIME framework into wound assessment. Hence, the practice change is validated and recommended.

Staff Education Project Development

After obtaining site approval agreement, the project proceeded at the facility. After gap identification, an email detailing the project, time and location was sent to all nurses inviting them to participate in the training sessions. Six registered nurses working at a wound facility agreed to participate in the project. All the participants had over 2 years' experience in wound care and included two nurse practitioners and four nurses.

The training was face-to-face and was conducted in the facility's meeting hall. The training spanned over two weeks. The main delivery method was a PowerPoint presentation outlining the TIME framework and its application in wound care. A wound image was also used to allow nurses to showcase application of the TIME framework on a wound. The training session lasted 70 minutes. A pretest questionnaire was administered before the training to assess nurses' baseline knowledge while a posttest questionnaire was issued after the training to evaluate knowledge gain. A nurse supervisor assessed knowledge application and adherence to the TIME framework during wound assessment between week six and week eight.

Pretest and posttest questionnaire containing 18 multiple choice questions was utilized to assess nurse knowledge regarding the TIME framework. The pretest questionnaire was administered in the first 10 minutes to assess nurses' baseline knowledge of the TIME framework and application in practice while the last 10 minutes involved administering posttest questionnaires to assess knowledge gained. Nurses were also assessed using a 10-point checklist covering each element of the TIME framework to assess improvement in adherence rates before and after the training. A training evaluation with 13 items was used to assess participants' responses regarding the training effectiveness, clarity, and relevance.

To ensure confidentiality during data collection, all participants were assigned unique codes instead of names, which they used when completing the pre/post questionnaires, training evaluation forms, and the checklist. Participants were also informed how their data would be used.

Percent change was calculated to determine knowledge change. Mean scores for every item were calculated for the training evaluation form to determine participant satisfaction and perceived effectiveness. Mean scores were also calculated for the Likert items used to measure practice confidence and readiness. Responses for the supervisor's checklist measuring adherence with the framework during practice was summarized using frequency counts and converted into percentages to show compliance levels. Bar graphs were utilized to visualize the results to show patterns. All analyses were performed using Excel.

Results

The average pretraining knowledge score was 79.61% while posttest score was 97.22%. The mean knowledge scores improved by 22.12%. This indicates a notable improvement in knowledge of the TIME framework post training. Notably, all nurses' knowledge score improved post training, illustrating that all participating nurses benefitted from the training sessions. These results indicate the effectiveness of the training in enhancing nurses' knowledge scores, which aligns with the project's objective of enhancing knowledge scores.

The mean adherence rate also substantially improved after the training. Before the training, the mean adherence rate was 5.33 out of 10 points (53.3%). After the training, the mean significantly improved to 9.5 (95%), demonstrating a 41.7% improvement in adherence to the TIME framework during wound assessment and documentation. The most substantial changes were observed in the infection and moisture elements. Before the training, only 33%–50% of nurses accurately documented infection signs and moisture balance. After the training 83% to 100% met all criteria in these elements. Moreover, 100% adherence was attained for tissue assessment, infection documentation, and overall utilization of the TIME framework during wound assessment. These results show significant knowledge translation into wound assessment and care, demonstrating the efficacy of the training workshop.

The nurses also indicated high level of agreement in most items in the training evaluation form. All nurses agreed that the training objectives were clearly outlined, the content was highly relevant to their practice, the training enhanced their knowledge of the TIME framework, the training enhanced their confidence in applying the framework

during wound care, the facilitator was knowledgeable, and the training was engaging and interactive. All six nurses also indicated they would integrate the knowledge gained into practice. These results indicate the training workshop successfully achieved its goals and was considered relevant and impactful on nurses' knowledge and practice readiness.

Table 1

Individual Participant Knowledge Gain

Participant ID	Pretest	Posttest	Knowledge increase
10234	14	18	28.57%
10492	15	18	20.00%
11387	15	18	20.00%
11723	15	18	20.00%
12015	14	17	21.43%
12196	13	16	23.08%

Table 2

Mean Pretest Knowledge Scores Versus Mean Posttest Knowledge Scores

	Pretest	Posttest	Mean knowledge increase
Mean knowledge scores	79.61%	97.22%	22.12%

Table 3

Changes in Adherence Before and After the Training

Participant ID	Pretest	Posttest	Adherence increase
10234	4	10	+6 points
10492	5	10	+5 points
11387	4	10	+6 points
11723	5	10	+5 points
12015	8	9	+1 point
12196	6	8	+2 points

Table 4

Mean Changes in Adherence to the TIME framework Before and After the Training

	Pretest	Posttest	Mean adherence increase
Mean adherence	53.3%	95%	41.7%

Figure 1

Individual Nurses' post-test vs pre-test knowledge scores

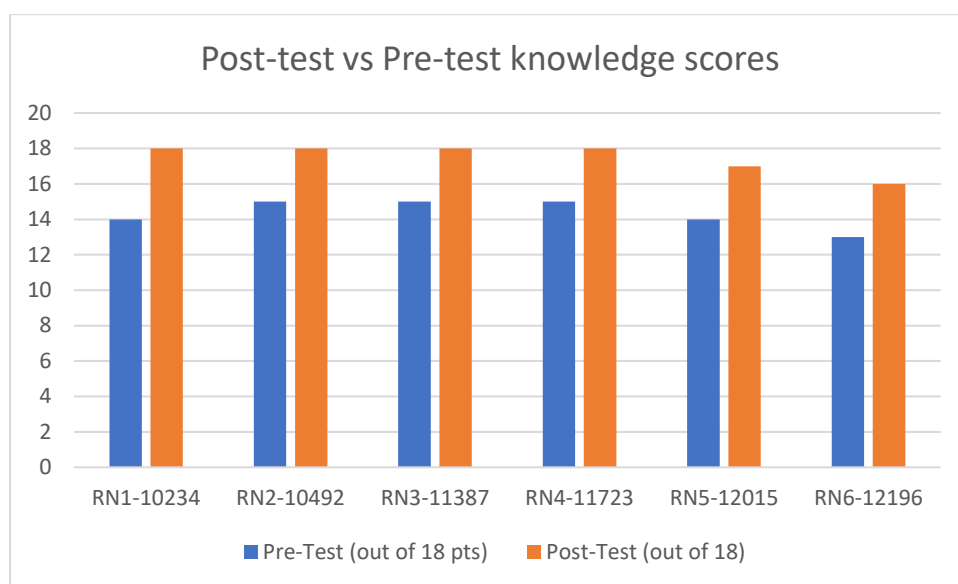
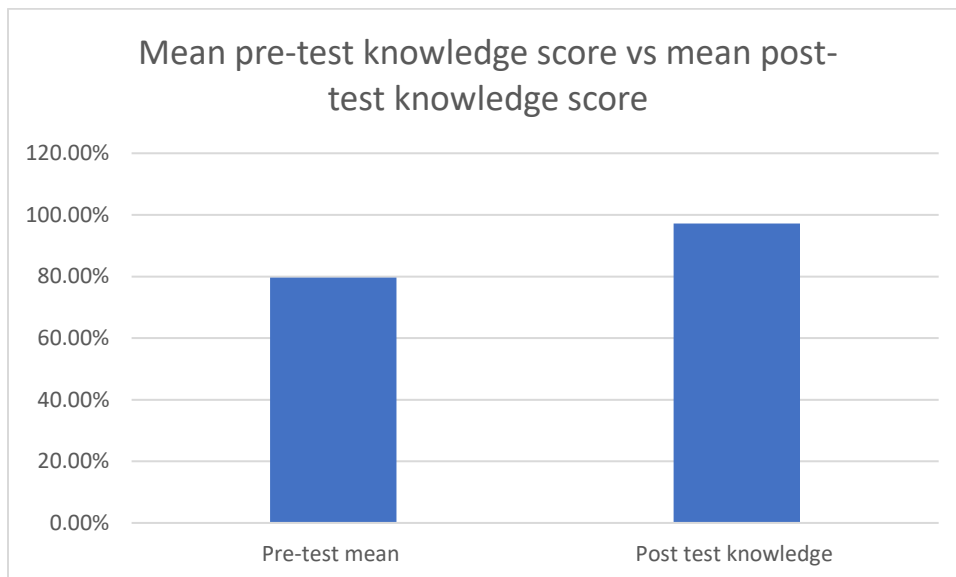
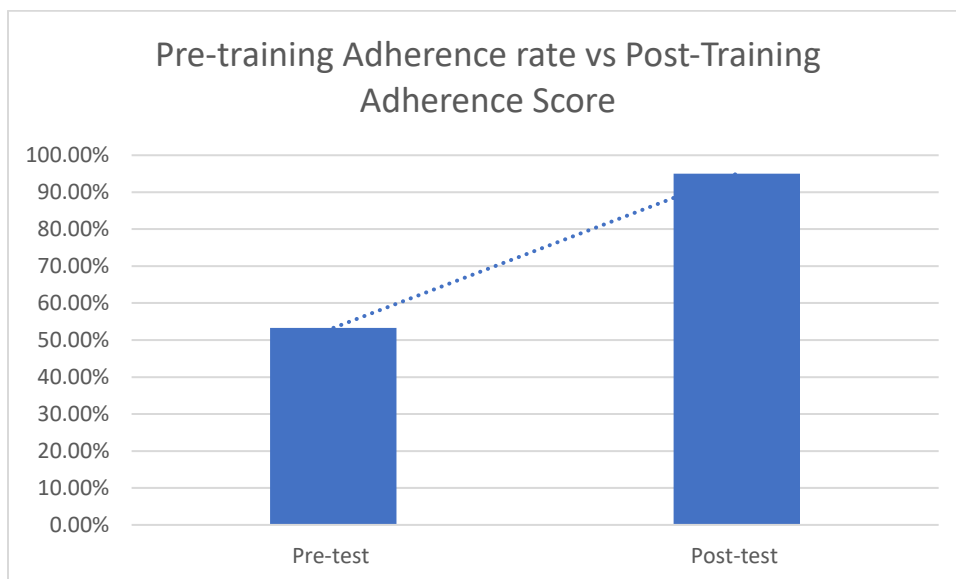


Figure 2

Changes in Nurses' Knowledge of the TIME Framework Before and After the Training

**Figure 3**

Changes in Nurses' Adherence to the TIME Framework Before and After the Training



These results will have positive impacts on the organization. The improved nurses' knowledge and adherence will translate to better wound assessment and care at

the facility. This will result in proper treatment, faster wound healing rates, reduced complications, and lower healthcare costs. Moreover, improved adherence rate will translate to consistent use of the TIME framework, promoting uniformity in wound care and reducing variation in wound assessment and documentation.

However, this project had numerous limitations that should be considered when using the results. First, the project had a small sample size as the project only included six nurses. This may limit the generalizability of results to bigger nursing teams. The project was also conducted in a wound facility, which may limit the generalizability of findings to other settings. Data were also collected after the training and two weeks post-training, which implies that the improvement illuminate short-term gains. The project did not assess the sustained impact of the project on knowledge retention and adherence rates. The training evaluation form also used self-reported data, which are prone to response bias and may not reflect the true impact of the training.

The findings of this project have significant implications beyond the practice site. The training workshop on the TIME framework can be replicated to other settings where wound care is part of care. These results show that other organizations can replicate the training with minimal resources and little disruption to workflows. The TIME framework can also be adopted in other settings that deal with wound care to standardize wound assessment and care quality. These findings also have implication for policies as they can inform the development of wound care policies and clinical practice guidelines.

Conclusions

The results of this project showed that the training workshop substantially enhanced nurses' knowledge and adherence to the TIME framework during wound

assessment. These results will translate to improved wound assessment and care at the facility. This will result in proper treatment, faster wound healing rates, reduced complications, and lower healthcare costs. This will also reduce variability in wound assessment and ensure alignment with evidence-based standards.

Recommendations to sustain the success achieved in this project include refresher courses, mandating wound assessment training and integrating standardized wound assessment frameworks such as the TIME frameworks into policies and protocols. It is also recommended for the leadership to continue measuring the impact of the project on clinical outcomes.

This project also has numerous implications for nursing practice. Training nurses on the TIME framework empowers them to accurately assess wounds, ensuring effective treatment and management. The TIME framework also provides nurses with standardized tools to assess wounds, which ensure consistency in wound care and reduce variability in nursing care. Training on the TIME framework also contributes to nurses' professional development by boosting their wound care knowledge, confidence, and skills.

This project has implications for social change, equity, and inclusion. The project included nurses of different races, ensuring equity and inclusion in professional development. The improved knowledge and adherence to the TIME framework during wound assessment will also translate to better care for patients through improved wound assessment. This project will also position the facility as a leader committed to evidence-based and high-quality care.

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Appendix: Educational Materials

Pre-Post Questionnaire: Staff Education Workshop Focusing on Enhancing Nurse Knowledge and Adherence to the TIME (Tissue, Infection/Inflammation, Moisture, Edge) Framework to Improve the Quality of Wound Assessment and Care in a Wound Facility

Directions: This questionnaire examines your knowledge of the TIME (Tissue, Infection/Inflammation, Moisture, Edge) framework. You will fill this questionnaire before and after the staff training workshop. Your response will be vital in helping assess the effectiveness of the workshop.

Identification Number: Create a five-digit number that you will easily recall. You will use this number when filling both the pre- and post-training questionnaire. This number will allow us to match your responses by comparing knowledge change while ensuring your privacy. Please do not use personal information.

Identification Number: _____

Instructions

- Read each question carefully and select the best answer.
- Answer all questions based on your current knowledge.
- Respond to all questions honestly and remember there is no “RIGHT” or “WRONG” answer.

Section I: Assessing Knowledge of the TIME Framework

- 1. Which of the following best explains the significance of standardized and high-quality wound assessment?**
 - a. It reduces the cost of wound care supplies.
 - b. It reduces the need for documentation in wound care.
 - c. It supports accurate diagnosis and appropriate treatment of wounds.
 - d. It supports delegation of wound assessment entirely to nurses.

- 2. What are the potential consequences of inconsistent and poor wound assessment?**
 - a. Delayed wound healing
 - b. Increased infection risk.
 - c. Inaccurate treatment and management.
 - d. Increased healthcare costs
 - e. All of the above

- 3. What does the acronym TIME stand for in wound care?**
 - a. Tissue, Inflammation, Moisture, Edema
 - b. Tissue, Infection, Moisture, Epithelialization
 - c. Tissue, Infection/Inflammation, Moisture imbalance, Edge of wound
 - d. Tissue, Injury, Management, Evaluation.

- 4. Which of the following best describes why the TIME framework was developed in wound care?**
- a. To reduce healthcare professionals' workload in wound assessment.
 - b. To provide a systematic and standardized approach for assessing, treating, and managing chronic wounds.
 - c. To support faster wound assessment.
 - d. To simplify wound documentation process.
- 5. Why is assessing tissue important in wound care?**
- a. To determine if the wound should be covered.
 - b. To remove necrotic tissues that delay healing.
 - c. To assess the patient's pain.
 - d. To estimate the wound's size.
- 6. Which of the following is NOT an appropriate intervention to support tissue management in wound care?**
- a. Debriding non-viable tissue
 - b. Managing bacterial burden and treating infections in viable tissues.
 - c. Maintaining adequate moisture balance.
 - d. Allowing necrotic tissues to remain for natural shedding.

7. **Which of the following is NOT a common method of wound debridement that nurses can use in practice?**
- a. Autolytic debridement.
 - b. Mechanical debridement.
 - c. Prolonged wound exposure to air
 - d. Sharp debridement using a scalpel.
8. **Which of following measures can nurses implement to ensure effective tissue management and support new tissue formation?**
- a. Wound dressings.
 - b. Applying topical therapies to promote healing.
 - c. Nutritional support.
 - d. All of the above
9. **What is a potential consequence of undetected and untreated infection in a wound?**
- a. Accelerated wound healing.
 - b. Reduced need for wound dressings.
 - c. Delayed healing, wound deterioration, and possible sepsis.
 - d. Improved tissue regeneration.
10. **How can a nurse assess signs of wound infection or inflammation?**
- a. By assessing for healing edges
 - b. By looking for odor, inflammation, warmth, redness, and exudate.
 - c. By drying out the wound.
 - d. By focusing on patient's reported symptoms only.

11. What is an effective nursing intervention to support infection control in wound care?

- a. Applying dry gauze without cleaning the wound.
- b. Using sterile technique, prescribing/administering antibiotics, and appropriate antimicrobial dressings.
- c. Covering the wound without assessing drainage.
- d. Avoiding dressing changes to prevent exposure.

12. Why is maintaining proper moisture balance a significant step in wound care?

- a. It promotes optimal cellular activity and tissue repair.
- b. It helps prevent maceration of surrounding skin.
- c. It helps prevent desiccation of the wound.
- d. All of the above.

13. Which of the following is NOT an appropriate nursing intervention for moisture control in wound care?

- a. Selecting appropriate dressing to support effective healing.
- b. Applying and recommending hydrogels or hydrocolloid to maintain wound moisture.
- c. Assessing and monitoring moisture levels.
- d. Leaving the wound open to avoid build-up of moisture

14. What is the importance of assessing the epithelial edge of a wound?

- a. It helps determine the wound's hydration levels.
- b. It helps to determine the effectiveness of antibiotic therapy.
- c. It helps show if wound healing is progressing or stalled
- d. It helps determine the level of pain associated with the wound.

15. Which of the following measures best supports epithelial edge advancement in wound healing?

- a. Leaving slough tissue in place.
- b. Avoiding debridement to minimize discomfort.
- c. Debridement of non-viable tissue around the edges to allow new tissue growth on the edges.
- d. Applying alcohol products to dry out edges.

16. How can a nurse effectively apply the TIME framework in wound care?

- a. By focusing only on the appearance of the wound
- b. By using the TIME framework to systematically assess and inform treatment decisions.
- c. By skipping moisture assessment in dry wounds.
- d. By documenting wound care once at the start of wound assessment.

17. Which of the following does NOT highlight why nurses should consistently apply the TIME framework in wound care?

- a. It facilitates systematic and comprehensive assessment and ensuring no critical component is overlooked.
- b. It ensures appropriate care planning and management.
- c. It provides a common language and framework for communication among wound professionals.
- d. It guarantees immediate wound healing without complications.

18. Which of the following barriers may impede nurses' consistent application of the TIME framework in wound care?

- a. Lack of adequate training and education
- b. Time constraints and heavy workload.
- c. Lack of standardized charting formats that support the TIME framework.
- d. All of the above

TIME Framework Training Evaluation Form

Date of Training: _____

Facilitator: _____ Ijeoma Onyejiji _____

This training evaluation form is designed to assess your feedback regarding the relevance, usefulness, and content of the staff training workshop focusing on TIME framework. Your feedback will be instrumental in helping to improve future trainings.

Please rate each statement below using the following scale:

1 = Strongly Disagree 2 = Disagree 3 = Neutral 4 = Agree 5 = Strongly Agree

Item	1	2	3	4	5
1. The objectives of the training were clearly stated.					
2. The content was relevant to my clinical role in wound care.					
3. The training improved my understanding of the TIME framework.					
4. The training was helpful in enhancing my confidence in apply the TIME framework to wound care					
6. The session encouraged participation and discussion.					
7. The facilitator was knowledgeable and well-prepared.					
8. The materials were clear and effective.					
9. The time allocated for the session was appropriate.					
10. The training environment was conducive to learning.					
11. I feel more confident in assessing wounds using the TIME framework.					
12. I can apply the TIME framework consistently in my wound care practice.					
13. I plan to make changes in my practice based on what I learned.					

**Checklist for Assessing Nurse Adherence to the TIME Framework During Wound
Assessment and Care**

This checklist is designed to evaluate nurses' adherence to TIME framework elements during wound assessment and documentation.

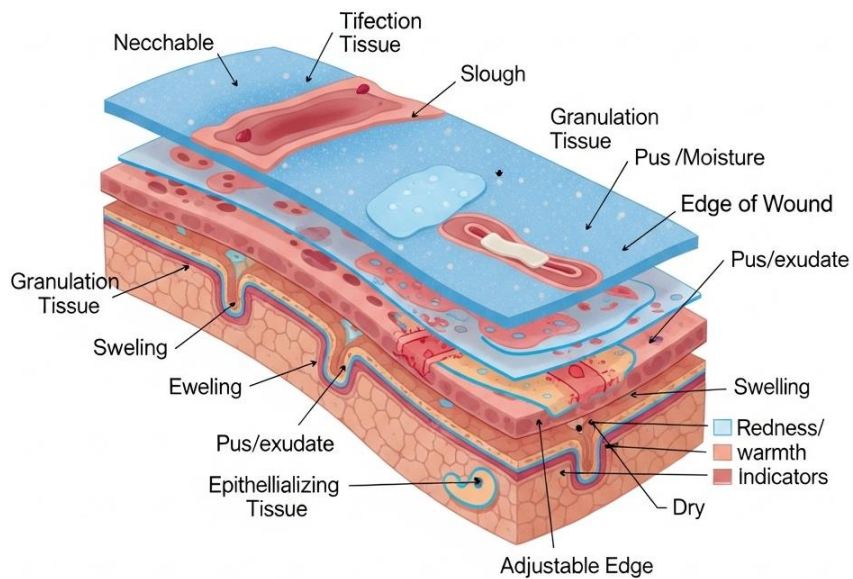
Unique Nurse ID: _____


TIME Component	Observed in Practice or Documentation	Criteria for Adherence	Yes	No	Comments
T – Tissue	Assessment Documentation	Nurse identifies and describes tissue type			
		Appropriate intervention for tissue management			
I – Inflammation/Infection	Assessment Documentation	Signs of infection or inflammation noted			
		Intervention applied/documented			
M – Moisture	Assessment Documentation	Moisture level correctly identified			
		Dressing choice documented based on moisture balance			
E – Edge	Assessment Documentation	Wound edges assessed and described			
		Appropriate action taken if edges are non-advancing			
Overall use of the TIME framework		Nurse demonstrated comprehensive application of the TIME framework			
		Documentation was complete and consistent with TIME principles.			

Supervisor Name: _____

Wounds Photography

T.I.M.E.





Staff Education Workshop Focusing on Enhancing
Nurse Knowledge and Adherence to the TIME
(Tissue, Infection/Inflammation, Moisture, Edge)
Framework to Improve the Quality of Wound
Assessment and Care in a Wound Facility

By

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