

12-1-2025

## **A Cultural Staff Education Project to Improve Hypertension Management in African American Adults**

Rosemary Nguatem Folefa Fonya  
*Walden University*

Follow this and additional works at: <https://scholarworks.waldenu.edu/dissertations>

---

This Dissertation is brought to you for free and open access by the Walden Dissertations and Doctoral Studies Collection at ScholarWorks. It has been accepted for inclusion in Walden Dissertations and Doctoral Studies by an authorized administrator of ScholarWorks. For more information, please contact [ScholarWorks@waldenu.edu](mailto:ScholarWorks@waldenu.edu).

# Walden University

College of Nursing

This is to certify that the doctoral study by

Rosemary Fonya

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. Lilo Fink, Committee Chairperson, Nursing Faculty

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

Walden University  
2025

Executive Summary: Staff Education Project

A Cultural Staff Education Project to Improve Hypertension Management in African

American Adults

by

Rosemary Fonya

Executive Summary Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

Walden University

November 2025

## Summary

In this evidence-based educational project, I identified the gap in practice with the lack of nurses' knowledge in culturally tailored hypertension management among nurses caring for African American adults at a family nurse practitioner clinic. In this Doctor of Nursing Practice (DNP) project, I focused on a staff education initiative to improve nurses' knowledge to reduce disproportionately high rates of hypertension, complications, and mortality due to factors such as limited access to care, medication nonadherence, mistrust of providers, and improve on culturally competent interventions. The guiding practice-focused question was: Does educating nurses on hypertension in the African American population improve knowledge, as evidenced by pre- and post-surveys?

I used the ADDIE (analysis, design, development, implementation, and evaluation) and Johns Hopkins evidence-based practice (JHEBP) models for this project. I searched the Walden University Library and found 42 studies of which I selected 10 using the Johns Hopkins Individual Evidence Summary Tool. Ten registered nurses voluntarily participated in two on-site PowerPoint presentation sessions. The results of the pre- and post-surveys indicate a percentage point improvement in the mean score. The results showed a statistically significant improvement, with mean scores increasing from 32.0% to 80.8%, reflecting a mean gain of 48.8 percentage points,  $t(9) = 48.91$ ,  $p < .001$ . The most notable improvements were in community-based strategies (59%), medication adherence barriers (50%), and cultural determinants of health (48%). The nursing significance lies in equipping nurses with evidence-based, culturally competent skills to address health disparities, build trust, and promote adherence, ultimately improving outcomes for underserved populations.

## **Background**

Hypertension is a highly prevalent and preventable chronic condition. However, African American adults in the United States continue to experience the worst outcomes, including earlier onset, more severe complications, and lower rates of blood pressure control (Aggarwal et al., 2021). A combination of social determinants of health, cultural mistrust, health literacy gaps, and inconsistent access to quality care drives these disparities. African American patients often face discrimination and ineffective communication, which undermines trust and leads to poor adherence (Forde et al., 2020). Nurses, who serve as a primary point of contact in outpatient care, are in a strategic position to address these issues, yet many report a lack of training in delivering culturally tailored hypertension education. At the project site, informal assessments and stakeholder feedback confirmed a gap in nurse preparedness to manage hypertension among African American patients. This lack of structured education limits the ability to address barriers to adherence and engage patients in culturally meaningful ways (Abel et al., 2023).

Research shows that culturally responsive nurse education leads to better patient engagement, stronger nurse-patient relationships, and improved blood pressure control (Still et al., 2020). While community-based interventions have shown success, few programs focus on educating nurses directly. Many nurses are unaware of how cultural beliefs, historical injustices, and systemic inequities influence African American patients' health behaviors (Adinkrah et al., 2020). Addressing this knowledge deficit is critical to dismantling barriers and promoting health equity. The background evidence highlights a clear link between provider knowledge and patient outcomes, yet clinical settings often prioritize compliance over communication. In this project, I addressed the identified gap

in practice by implementing a nurse education intervention using current evidence and culturally relevant strategies. The practice-focused question was: Does educating nurses on culturally sensitive education on hypertension in the African American population improve knowledge, as evidenced by pre- to post-survey?

### **Clinical Practice Guideline Development**

In this evidence-based project, I used the ADDIE framework of analysis, design, development, implementation, and evaluation to guide the creation of an educational intervention for nurses on culturally tailored hypertension management for African American adults (Byrd et al., 2021). The structured approach ensured a systematic process for transforming research evidence into a practical educational program that addressed an identified knowledge gap within the clinical setting (Abel et al., 2023). The intervention was implemented at a family nurse practitioner clinic that provides outpatient chronic disease management services. The project complies with the sequential steps required in Walden University's Education Manual and the DNP project Process Guide (Walden University, 2022).

### **Analysis**

The Organizational Readiness Tool, SWOT analysis, and stakeholder analysis were used in designing and developing the educational project. The analysis completion from the JHEBPP model results comprised understanding the correlation between culturally competent knowledge among the African American education of hypertension care with intervention, employing a question development instrument of the JHEBPP model. Out of the 42 studies I found, I selected 10 with the assistance of the Walden University Librarian using various databases, which included CINAHL, EBSCO, Host,

PubMed, and JHEBPP. The keywords used during database searches included *hypertension, African American, nurse education, cultural competence, medication adherence, health disparities, and hypertension guidelines*. The research material includes Levels 1 through 4 evidence and is backed by a staff education project to improve nurses' knowledge of culturally sensitive education to improve adherence outcomes and enhance patient trust.

### **Design/Development**

One content expert, Dr. J.A., who is an experienced Advanced Practice Registered Nurse (APRN) with an 18-year specialty in Family Nurse Practice, assisted me in the development and design of this project. He is experienced in reviewing evidence-based strategies, risk management, formulation of policies and procedures for culturally competent hypertension education, and compliance with education guidelines. The content expert oversees the daily clinical operations at the clinic, contributing to work-life balance, support, training, and compliance. The content expert also helped to develop and design project titles and experiences, including translation and action planning of pre- and post-surveys questionnaires (Appendix B) and an educational PowerPoint presentation (Appendix A). The pre- and post-survey questions and PowerPoint slides were designed using the work breakdown structure material, focused on meeting credibility and authenticity, based on the JHEBPP model, independent feedback, consultation with the content expert (See Appendix C). The pre- and post- survey questionnaires were reviewed and approved, and an action planning kick-off meeting was held to review my project and plans for implementation before an ethics pledge was completed.

## **Implementation**

Following approval from the DNP committee and completion of the university's ethics requirements, the implementation phase commenced (Walden University, 2022). All 10 participating nurses provided informed consent before beginning the program. The pre-intervention knowledge survey was administered immediately prior to the educational session. The session took place in the clinic's conference room, which was equipped with a projector and seating arranged to encourage discussion. The program began with an overview of hypertension epidemiology in African American populations and the implications of current disparities. This was followed by guideline-based management recommendations, strategies for improving medication adherence, and approaches to culturally sensitive patient communication (Boulware et al., 2019). Interactive components included discussing real-world clinical scenarios and problem-solving exercises to apply evidence-based strategies in practical contexts (Byrd et al., 2021). Participants were encouraged to share experiences from their own practice to foster peer learning. Immediately after the training, the post-survey assessment was administered. Attendance and engagement were documented throughout the session, and participants were invited to provide informal feedback on the program's relevance and applicability to their practice.

## **Evaluation**

In the evaluation phase, I systematically analyzed the data collected before and after the educational intervention. Quantitative data from the pre- and post-intervention knowledge assessments were entered into SPSS version 28.0 for analysis. Paired *t* tests were conducted to determine whether changes in scores were statistically significant

(Brewer et al., 2023). Qualitative feedback obtained during post-session discussions was reviewed for recurring themes related to program content, delivery, and applicability to clinical practice (Abel et al., 2023). This information was organized into categories that could inform future iterations of the training program. The findings from both the quantitative and qualitative analyses were compiled into a formal report, which was shared with the faculty advisor and practice site leadership. The evaluation process provided a clear assessment of the program's effectiveness and identified opportunities for ongoing staff development to support improved hypertension management among African American patients.

## **Results**

A review of the education PowerPoint, pre-survey, and post-survey was completed by the content expert, Dr. J.A. The content expert also assessed the project in content quality (relevance to practice, evidence-based validity, audience-appropriate, and comprehensive coverage) and material quality (PowerPoint slides, knowledge assessment, and overall curriculum). The project was rated as suitable and a perfect fit for the practice gap (Appendix C). The expert endorsed the project objectives of improving nurses' knowledge on culturally competent education for African Americans on hypertension care (Appendix A). The PowerPoint presentation was educational, well-composed, and engaging, creating a worthwhile encounter for the nursing staff.

### **Pre- and Post-Survey Results**

Analysis of the Hypertension Management Knowledge Assessment Scores demonstrated a substantial improvement in nurse knowledge following the educational intervention. As shown in Table 1 Survey Results, the average percent of correct

responses increased from 35.0% on the presurvey to 82.0% on the postsurvey, reflecting a 47.0 percentage point gain in knowledge. The most significant improvements were observed in topics related to cultural competence, adherence barriers, and community-based strategies, where scores improved by more than 50 percentage points. The standard deviation decreased slightly from 6.78 to 6.73 between pre- and post-surveys, suggesting consistent participant improvement. This educational project demonstrated that even a single, focused session can significantly enhance nurses' understanding of clinical guidelines, social determinants of health, and culturally responsive care. One of the key implications of this finding is that culturally tailored education improves factual knowledge and equips nurses with the practical tools necessary to deliver more equitable care. As a doctorate-prepared nurse, this project highlights the importance of leading targeted educational initiatives that reduce health disparities. The intervention was equally effective across all levels of nursing experience, confirming its relevance for broad clinical application. These findings support the feasibility and effectiveness of integrating hypertension-focused, culturally responsive training into standard staff development efforts.

**Table 1***Survey Results*

| Question# | Presurvey | %   | Postsurvey | %   | %Change |
|-----------|-----------|-----|------------|-----|---------|
| 1         | 6         | 60  | 8          | 80  | 20      |
| 2         | 6         | 60  | 9          | 90  | 30      |
| 3         | 5         | 50  | 8          | 80  | 30      |
| 4         | 6         | 60  | 9          | 90  | 30      |
| 5         | 6         | 60  | 8          | 80  | 20      |
| 6         | 4         | 40  | 8          | 80  | 40      |
| 7         | 6         | 60  | 9          | 90  | 30      |
| 8         | 4         | 40  | 7          | 70  | 30      |
| 9         | 5         | 50  | 7          | 60  | 10      |
| 10        | 4         | 40  | 8          | 80  | 40      |
| M(SD)     | 5.2(0.87) | 52% | 8.1(0.70)  | 82% | 30%     |

**Paired *t* Test**

In Table 2 results from a paired *t* test that was conducted to compare nurse knowledge scores before and after the educational intervention are presented. The analysis showed a significant increase in mean scores from 32.0% pre-intervention to 80.8% post-intervention. The mean difference was 48.8 percentage points. The *t* test was 48.91 with a *p* value of 3.13e-12, indicating a statistically significant improvement. Standard deviations were similar across both tests, suggesting consistent performance. These results confirm that the intervention effectively improved nurses' knowledge of hypertension management in African American patients. The paired design controlled for individual variability, strengthening the validity of the observed improvement.

**Table 2***Paired one-tailed T-test Result*

| Survey     | <i>N</i> | <i>M</i> | <i>SD</i> | <i>t-cal</i> | <i>df</i> | <i>p</i> |
|------------|----------|----------|-----------|--------------|-----------|----------|
| Presurvey  | 10       | 32.0     | 9.19      | 12.43        | 9         | < .001   |
| Postsurvey | 10       | 80.8     | 7.38      |              |           |          |

*Note:* Comparison of the means of the presurvey and postsurvey knowledge of hypertension management among nurses caring for African American patients.

### **Content Expert Findings**

The content expert, Dr. J.A, applied his clinical and educational expertise to ensure the accuracy, clarity, and cultural relevance of the staff education content. The content expert's evaluation (Appendix C) demonstrated unanimous agreement on the quality and effectiveness of the educational intervention. Both reviewers rated all five learning objectives as *excellent* (5 out of 5), confirming that the program effectively addressed clinical concepts such as hypertension pathophysiology, guideline-based treatment, adherence barriers, and culturally appropriate communication. Reviewers also endorsed the program's emphasis on social determinants of health and medical mistrust, noting that these are often overlooked in traditional nurse education. Dr. J.A. rated the materials as highly relevant to nursing practice and supported their immediate implementation without major revision. Minor suggestions to clarify a few medical terms and include an additional case scenario were incorporated into the final version. Their feedback strongly validated the intervention's content quality and applicability to real-world practice.

## **Strengths and Limitations**

The effect of these findings on the organizations comprises improved nurses' knowledge of culturally competent education to African Americans in hypertension care. Proper education guidelines will help in increasing patient outcomes regarding hypertension intervention. The pre- and post-survey data show improved patient outcomes due to increased nurses' knowledge and smooth education dissemination.

A significant limitation of the educational project is the small sample size of 10 nurses who participated in the educational training. The time limit of the educational project was another limitation due to the short duration of the education intervention and participants' knowledge evaluation, impacting the project's wider application. The strength of this educational project is its targeted, evidence-based approach to addressing a critical knowledge gap in culturally responsive hypertension care among nurses. By using a structured educational model and validated content tailored to the needs of African American patients, the project directly enhanced nursing competence, improved clinical preparedness, and demonstrated measurable knowledge gains that can translate into better patient outcomes. The significance of this project is that it covers a wide range of nursing practices including patient education, cultural competence, guideline-based hypertension management, and strategies to improve medication adherence. It empowers nurses to deliver equitable care by integrating clinical knowledge with an understanding of social determinants and cultural factors that influence health outcomes in African American populations.

## Conclusions

The impact of this educational project demonstrated the effectiveness of a single-session, culturally tailored hypertension management program for nurses at the practice site. The intervention significantly improved nurses' knowledge, as evidenced by a 48.8% increase in post-intervention knowledge assessment scores. This improvement suggests that even brief, targeted educational interventions can address important knowledge gaps in hypertension care for African American patients. By enhancing nurses' understanding of hypertension pathophysiology, adherence barriers, cultural influences, and effective communication strategies, the program provided practical tools that participants could apply in daily practice.

Findings from this project have important implications for nursing practice. African American patients experience disproportionate rates of uncontrolled hypertension and related complications, making culturally responsive care essential. By equipping nurses with evidence-based strategies tailored to this population, healthcare organizations can potentially improve patient engagement, adherence, and clinical outcomes. Implementation of regular educational sessions for both current and newly hired nursing staff should be considered to sustain and build upon the knowledge gains achieved through this project.

Replicating this educational intervention with larger, more diverse groups of nurses across multiple settings would strengthen the evidence base for its effectiveness. Additionally, extending the follow-up period would provide valuable insights into long-term retention of knowledge and its impact on patient outcomes. The project is clinically significant as it demonstrated that culturally tailored, evidence-based education can

address a critical knowledge gap and contribute to improved care for populations disproportionately affected by hypertension.

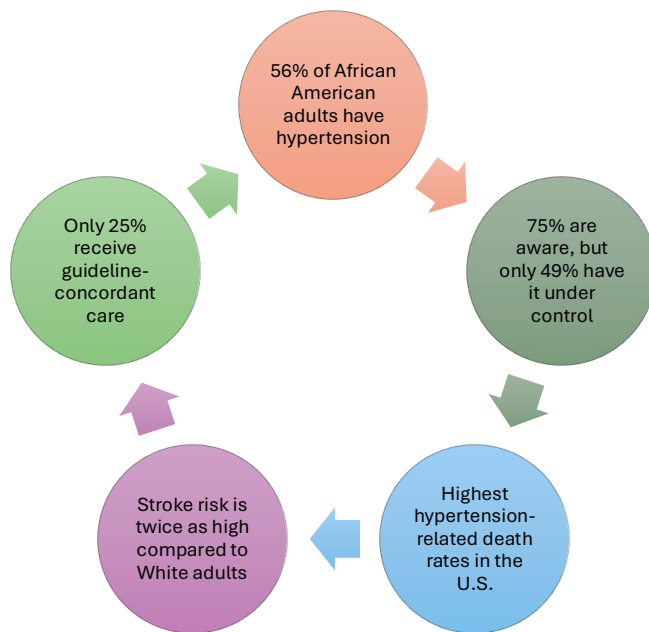
## References

- Abel, W. M., Efird, J. T., Crane, P. B., & Ferdinand, K. C. (2023). Self-management program and Black women with hypertension: Randomized controlled trial substudy. *Research in Nursing & Health, 46*(3), 336–347.  
<https://doi.org/10.1002/nur.22301>.
- Adinkrah, E., Bazargan, M., Wisseh, C., & Assari, S. (2020). Adherence to hypertension medications and lifestyle recommendations among underserved African American middle-aged and older adults. *International Journal of Environmental Research and Public Health, 17*(18), 6538. <https://doi.org/10.3390/ijerph17186538>.
- Aggarwal, R., Chiu, N., Wadhera, R. K., Moran, A. E., Raber, I., Shen, C., Yeh, R. W., & Kazi, D. S. (2021). Racial/ethnic disparities in hypertension prevalence, awareness, treatment, and control in the United States, 2013 to 2018. *Hypertension, 78*(6), 1719–1726.  
<https://doi.org/10.1161/hypertensionaha.121.17570>
- Boulware, L. E., Ephraim, P. L., Hill-Briggs, F., Roter, D. L., Bone, L. R., Wolff, J. L., Lewis-Boyer, L., Levine, D. M., Greer, R. C., Crews, D. C., Gudzone, K. A., Albert, M. C., Ramamurthi, H. C., Ameling, J. M., Davenport, C. A., Lee, H.-J., Pendergast, J. F., Wang, N.-Y., Carson, K. A., & Sneed, V. (2019). Hypertension self-management in socially disadvantaged African Americans: The Achieving Blood Pressure Control Together (ACT) randomized comparative effectiveness trial. *Journal of General Internal Medicine, 35*(1), 142–152.  
<https://doi.org/10.1007/s11606-019-05396-7>

- Brewer, L. C., Jones, C., Slusser, J. P., Pasha, M., Mathias Lalika, Chacon, M., Takawira, P., Shanedling, S., Erickson, P., Woods, C., Krogman, A., Ferdinand, D., Underwood, P., Cooper, L. A., Patten, C. A., & Hayes, S. N. (2023). mHealth intervention for promoting hypertension self-management among African American patients receiving care at a community health center: formative evaluation of the FAITH! hypertension app. *JMIR Formative Research*, 7, e45061–e45061. <https://doi.org/10.2196/45061>
- Byrd, D. R., Jiang, Y., Samuele Zilioli, Thorpe, R. J., Lichtenberg, P. A., & Whitfield, K. E. (2021). The interactive effects of education and social support on blood pressure in African Americans. *The Journals of Gerontology Series A*, 77(2), e98–e106. <https://doi.org/10.1093/gerona/glab289>
- Forde, A. T., Sims, M., Muntner, P., Lewis, T., Onwuka, A., Moore, K., & Diez, A. V. (2020). Discrimination and hypertension risk among African Americans in the Jackson Heart Study. *Hypertension*, 76(3), 715–723. <https://doi.org/10.1161/hypertensionaha.119.14492>
- Wright, K. D., Jones, L. M., Adams, I. R., Moss, K. O., Harmon-Still, C., Nguyen, C. M., Rose, K. M., & Klatt, M. D. (2021). Co-created health education intervention among older African American women living with hypertension. *EXPLORE*, 18(2), 234–239. <https://doi.org/10.1016/j.explore.2021.02.004>

### Appendix A: Educational Presentation

## Why This Matters – Key Statistics



## Project Purpose

- 1 Evaluate knowledge improvement after staff education
- 2 Use pre- and post-survey design
- 3 Promote culturally responsive hypertension care
- 4 Address clinical and communication gaps in nursing care

## Understanding Hypertension Guidelines

ACC/AHA defines hypertension as  $\geq 130/80$  mmHg

Goal BP:  $< 130/80$  for most adults

African American adults benefit from tailored treatment

Guidelines recommend early lifestyle interventions

## Pathophysiology and Risk Factors

Salt sensitivity and vascular reactivity

Higher prevalence of obesity and diabetes

Psychosocial stress and systemic racism

Interplay of genetic and environmental factors

## Medication Considerations

Thiazide diuretics and calcium channel blockers are preferred

ACE inhibitors less effective as monotherapy

Watch for side effects and cost-related nonadherence

Polypharmacy can complicate regimens

## Lifestyle and Nonpharmacologic Strategies



Promote the DASH diet and low-sodium meals



Encourage regular physical activity



Stress reduction improves blood pressure



Smoking cessation and weight management are vital

## Barriers to Hypertension Control



Limited access to healthy food and care



Low health literacy and misinformation



Mistrust of medical systems



Cultural perceptions about illness and medication

## The Nurse's Role in Education

1

Use teach-back to confirm understanding

2

Tailor education to cultural and literacy needs

3

Empower patients through shared decision-making

4

Reinforce trust and respect during every encounter

## Community-Based Strategies

|           |  |
|-----------|--|
| Partner   | Partner with churches and barbershops          |
| Encourage | Encourage group education and peer support     |
| Integrate | Integrate care with community health workers   |
| Provide   | Provide outreach in familiar, trusted settings |

## Pre and Post Survey Evaluation



20 questions assess knowledge and readiness



Covers clinical, cultural, and nursing roles

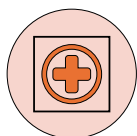


Identical survey used before and after education

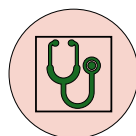


Results inform ongoing training needs

## Summary and Implications



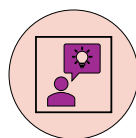
African American hypertension requires urgent attention



Nurses are critical to reducing disparities



Education improves confidence and clinical care



Combine evidence-based and culturally informed strategies

## Call to Action

**01**

Apply today's knowledge in your practice

**02**

Use patient-centered teaching tools

**03**

Build culturally respectful nurse-patient relationships

**04**

Advocate for equitable care in your facility

## Appendix B: Pre- and Postsurvey

### Pre and Post Intervention Survey: Hypertension in the African American Population

**Instructions:** Choose the best answer for each question. This is an anonymous survey.

#### Demographic Information (Optional)

1. Years of nursing experience:
  - Less than 1 year
  - 1 to 5 years
  - 6 to 10 years
  - More than 10 years
2. Practice setting:
  - Inpatient hospital
  - Outpatient/clinic
  - Community/public health
  - Long-term care
  - Other: \_\_\_\_\_

#### Knowledge Assessment

1. What is the current ACC/AHA definition of hypertension?
  - $\geq 130/80$  mmHg
  - $\geq 140/90$  mmHg
  - $\geq 150/90$  mmHg
  - $\geq 120/80$  mmHg
2. Which racial or ethnic group in the United States has the highest prevalence of hypertension?
  - Hispanic Americans
  - Caucasian Americans
  - Asian Americans
  - African Americans
3. Which lifestyle intervention is most strongly supported for lowering blood pressure in African American patients?
  - High-protein diet
  - DASH diet and sodium restriction
  - High-fiber intake
  - Low-fat dairy only
4. Which antihypertensive drug class has shown lower efficacy as monotherapy in African American adults?
  - Calcium channel blockers
  - ACE inhibitors
  - Thiazide diuretics
  - Alpha blockers
5. Which class of antihypertensives is most effective as first-line treatment in African American patients?
  - Beta blockers
  - ACE inhibitors
  - Thiazide diuretics and calcium channel blockers
  - Angiotensin receptor blockers
6. Which social determinant most significantly impacts hypertension control in African American communities?
  - Pet ownership
  - Internet access
  - Access to nutritious foods and safe environments
  - Number of medications
7. Which of the following is a modifiable risk factor for hypertension?
  - Age
  - Family history
  - Tobacco use

- o Ethnicity
8. Cultural mistrust in healthcare among African Americans may stem from:

- o Recent media coverage
- o Historical medical mistreatment and systemic bias
- o Dietary habits
- o Language barriers only

9. What is the main goal of patient-centered hypertension education?

- o Promote rapid weight loss
- o Improve medication adherence and self-care
- o Encourage surgical options
- o Increase clinic dependency

10. How can nurses assess whether a patient understands hypertension education?

- Provide a printed handout
- Ask the patient to repeat back the information
- Give multiple-choice quizzes
- Refer to a pharmacist

11. What role does health literacy play in hypertension outcomes?

- It has minimal impact
- Higher literacy improves understanding and adherence
- It only affects medication names
- It is irrelevant if the patient has insurance

12. African American men are less likely to engage in healthcare visits due to:

- Higher health literacy
- Work conflicts, cultural stigma, and medical mistrust
- Frequent hospitalization

- Preference for technology

13. Which of the following statements is accurate?

- Hypertension develops later in African Americans
- African Americans often develop hypertension earlier and with greater severity
- Hypertension is not serious in African American patients
- African Americans experience lower complication rates

14. Nurses can support blood pressure control in African American patients by:

- Focusing only on medications
- Providing culturally sensitive counseling and lifestyle guidance
- Avoiding diet discussion
- Delegating entirely to providers

15. What is a common barrier to medication adherence in African American patients?

- Preference for herbal remedies only
- Lack of symptoms, cost concerns, and complex regimens
- Language issues
- Medication shortages

16. How often should a patient with well-controlled hypertension follow up with their provider?

- Every week
- Every 3 to 6 months
- Every year
- Only when symptomatic

### Appendix C: Content Expert Assessment Form

**Title of Project:** *Staff Education to Improve Hypertension Management in African American Adults Through Culturally Tailored Nurse Training*

**Evaluator Name:** Redacted

**Credentials/Title:** DNP, Ed.D, FNP-BC

**Area of Expertise:** Nursing/Education

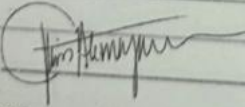
**Date Reviewed:** August 6, 2025

Please rate each item using the scale below and provide comments where applicable:

| Criteria   | Rating (1-5) | Comments |
|--|--------------|----------|
| 1. Clarity of Learning Objectives  | 4            |          |
| 2. Relevance of Content to Project Aims  | 4            |          |
| 3. Accuracy of Clinical Information (based on current guidelines and evidence) | 4            |          |
| 4. Cultural Relevance and Sensitivity of Content                               | 4            |          |
| 5. Appropriateness of Educational Methods and Format                           | 4            |          |
| 6. Organization and Flow of Educational Material                               | 4            |          |
| 7. Alignment with Evidence-Based Practice                                      | 4            |          |
| 8. Applicability to Nursing Practice and Patient Care                          | 4            |          |
| 9. Use of Real-World or Clinical Scenarios to Enhance Understanding            | 5            |          |
| 10. Overall Quality and Effectiveness of the Educational Program               | 4            |          |

**Additional Comments or Recommendations:**

\_\_\_\_\_

**Evaluator Signature:** 

**Date:** 08/06/2025