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## Staff Education to Medical Surgical Nurses on Structured Discharge Checklist

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# Walden University

College of Nursing

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Johnmary Odinigwe

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the review committee have been made.

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Walden University  
2026

Executive Summary: Staff Education Project  
Staff Education to Medical Surgical Nurses on Structured Discharge Checklist

by

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BSN, Texas Woman's University, 2009

Executive Summary Submitted in Partial Fulfillment  
of the Requirements for the Degree of  
Doctor of Nursing Practice

Walden University

February 2026

## Summary

This was a Doctor of Nursing (DNP) project for staff education designed to address a practice gap in structured discharge education among medical-surgical nurses. The practice problem was inconsistent discharge practices among medical-surgical nurses. Managing the problem within nursing practice is critical, as nurses are frontline providers of discharge education. The practice-focused question was as follows: Will a structured staff education program improve medical-surgical nurses' knowledge regarding the implementation of a structured discharge checklist? The project purpose was to implement a structured discharge checklist education program for medical-surgical nursing staff to strengthen their understanding of structured discharge practices. The analytical strategies included pretest and posttest knowledge assessment using a 20-item multiple-choice tool administered to 36 nurses. Descriptive and inferential analyses demonstrated significant improvement in knowledge, with mean scores increasing from 10/20 (50%) preintervention to 17.25/20 (87.5%) postintervention, reflecting a 37.5% increase. A paired *t* test confirmed statistical significance,  $t(35) = 67.01, p < .001$ . The major product was that evidence-based and structured education is an effective technique for advancing med-surg nurses' knowledge and minimizing practice variability. It is recommended that medical-surgical nurses should access ongoing education on the standardized discharge checklist to maintain discharge consistency, enhance patient safety, and promote equity by ensuring all patients receive standardized, understandable discharge education, supporting positive social change and quality care across diverse populations.

## **Background**

Hospital discharge is a complex transition point necessitating precise communication, accurate education, and consistent nursing practices to ensure patient safety and care continuity (Haverfield et al., 2024). Ineffective discharge processes have been linked with medication errors, preventable readmissions, and poor patient outcomes (Becker et al., 2021). Nurses serve as frontline providers during discharge. Evidence has consistently shown gaps and variability in nurses' knowledge and in the implementation of discharge education practices across acute care settings (Sakashita et al., 2025). In the medical-surgical unit, discharge education is often influenced by time constraints, competing priorities, staffing variability, and inconsistent training (Zhou et al., 2025). These factors lead to erratic, incomplete, or individual-nurse-dependent discharges rather than standardized, evidence-based processes.

The practice gap identified for the DNP project is inconsistent knowledge among medical-surgical nurses regarding the implementation of a standardized discharge checklist. This project aims to advance nurses' knowledge of structured discharge process. The purpose of this DNP project is to implement a staff education program designed to enhance medical-surgical nurses' knowledge of a structured discharge checklist, including medication education (purpose, dose, and timing), symptom monitoring education, escalation guidance, follow-up planning, and effective use of the teach-back method. The project question was as follows: Will a structured staff education program improve medical-surgical nurses' knowledge regarding the implementation of a structured discharge checklist?

### **Evidence Supporting Change**

A comprehensive literature review, using targeted searches of the CINAHL, PubMed, and EBSCO databases, provided strong support for implementing structured discharge checklist education for nurses. Across the multiple evidence levels, studies consistently identified knowledge deficits, variability in discharge practices, and the effectiveness of structured education in enhancing nurse knowledge and competence.

At the highest level of evidence, Hayajneh et al. (2020) completed a systematic review examining nurses' knowledge, perceptions, and practices related to discharge planning. The review revealed that nurses often demonstrated insufficient and inconsistent understanding of discharge planning principles despite acknowledging their importance. The study is level I evidence with strong justification for targeting nurse education as a modifiable factor to enhance discharge quality.

Several Level III nonexperimental studies have further substantiated the presence of a knowledge gap in implementing the standardized discharge checklist. Hayajneh et al. (2021) found that nurses in acute care settings had moderate knowledge of discharge planning with inconsistencies in patient education, follow-up, instructions, and documentation. Nurses who had accessed prior education on the standardized discharge checklist scored significantly higher, reinforcing the role of education in enhancing knowledge and practice. Similarly, Emmanouilidou et al. (2025) identified communication failures, medication reconciliation challenges, and inadequate patient preparedness as common discharge barriers reported by bedside nurses. The authors emphasized structured communication tools and standardized education as solutions to improve discharge safety.

Instrument development research by Fu et al. (2025) further supported this project by demonstrating that nurses' knowledge associated with discharge planning is measurable and often suboptimal. Their validated knowledge, attitude, and practice questionnaire revealed moderate knowledge scores among nurses, highlighting room for improvement and supporting the feasibility of pretest/posttest knowledge assessment in staff education initiatives.

Level II quasi-experimental and mixed-methods studies provide additional support for educational interventions. Jehosua et al. (2023) demonstrated significant improvement in nurses' discharge planning knowledge following a structured educational program, with high participant satisfaction and effectiveness across nursing roles. Keçeci et al. (2025) showed that structured discharge education aligned with the Agency for Healthcare Research and Quality's (AHRQ) Include, Discuss, Educate, Assess, and Listen (IDEAL) discharge planning framework significantly improved participants' discharge competencies and self-efficacy.

At the Level V evidence, multiple quality improvement and program development studies reinforce the value of structured education. Mattina et al. (2021) demonstrated that a nurse education program significantly improved discharge-related knowledge and documentation practices. Suplee et al. (2023) showed that standardized online discharge education improved nurse knowledge and confidence across a large national sample. Oh et al. (2021) validated the use of structured, teach-back–based discharge education programs using the Analysis, Design, Development, Implementation, and Evaluation (ADDIE) model, supporting the feasibility and relevance of teach-back integration within nurse education.

Collectively, the evidence has demonstrated strong consistency across levels that nurses often lack sufficient discharge planning knowledge. The synthesized evidence supports the implementation of a structured discharge checklist education as a best-practice intervention to address the variability and insufficient understanding of the essential discharge education components. Based on the evidence, implementing a structured medical-surgical nursing staff education program using a standardized discharge checklist will not only mitigate variability but also strengthen the quality of discharge education provided to targeted patients. The overall strength of evidence supporting this project is moderate to high, with multiple Level I, II, III, and V studies rated as good quality (Grade B).

### **Staff Education Project Development**

This DNP project focused on developing and implementing a structured staff education program to enhance medical-surgical nurses' knowledge of using structured discharge checklists. The participants included licensed medical-surgical nurses working across day, evening, and night shifts on an inpatient unit. Participation occurred during scheduled education or lunch-hour sessions to minimize workflow disruption. No patient contact or chart review occurred. Nurses completed a pretest using a self-selected four-digit identifier, participated in a standardized education session, and completed an identical posttest to allow paired knowledge comparison while maintaining anonymity.

The ADDIE framework guided project development. During the analysis phase, gaps were identified in nurses' understanding of discharge education components, including medication purpose, dose, and timing; symptom monitoring; escalation guidance; and teach-back. The design phase focused on creating a structured education

program aligned with evidence-based discharge checklist standards and adult learning principles (see Luo et al., 2024). In the development phase, a 30-minute PowerPoint presentation (see Appendix A), an evidence-based handout (see Appendix B), and pretest/posttest knowledge assessments (see Appendix C) were created. All materials were aligned to learning objectives and supported by evidence from the literature.

The implementation phase involved delivering in-person, nurse-led education sessions in small groups across multiple shifts. Sessions followed a standardized format and included interactive discussions, case-based examples, and teach-back demonstrations. Materials used included the structured discharge checklist PowerPoint (see Appendix A), nurse handouts summarizing checklist components (see Appendix B), case-based discharge scenarios, and teach-back examples.

Evidence collection involved administering pretest and posttest knowledge assessments immediately before and after the education sessions (Fu et al., 2025). Data analysis focused on comparing pre- and post-test scores to evaluate changes in nurses' knowledge of structured discharge checklist use. The evaluation process focused on assessing whether the education intervention achieved its intended learning outcomes and on providing evidence of its effectiveness in improving nurses' understanding and readiness to apply structured discharge education principles in practice consistently.

## **Results**

### **Descriptive Statistics**

Pretest findings indicated a moderate baseline level of knowledge, with a mean score of 10 out of 20 (50%) and a standard deviation of 1.66, suggesting variability in nurses' understanding and confirming a knowledge gap in standardized discharge

education. After implementing structured discharge checklist education, posttest scores improved significantly, with a mean of 17.25 out of 20 (87.5%) and a reduced standard deviation of 1.32. The mean improvement score was 7.25 points, reflecting a 37.5% increase in knowledge from pretest to posttest. The findings indicate that the educational intervention was effective in enhancing nurses' understanding of the standardized discharge checklist for patients in need (see Çatal & Cebeci, 2023). Table 1 shows the pretest-posttest raw data for 36 nurses, while Figure 1 shows a clustered column chart of pretest-posttest scores.

**Table 1**

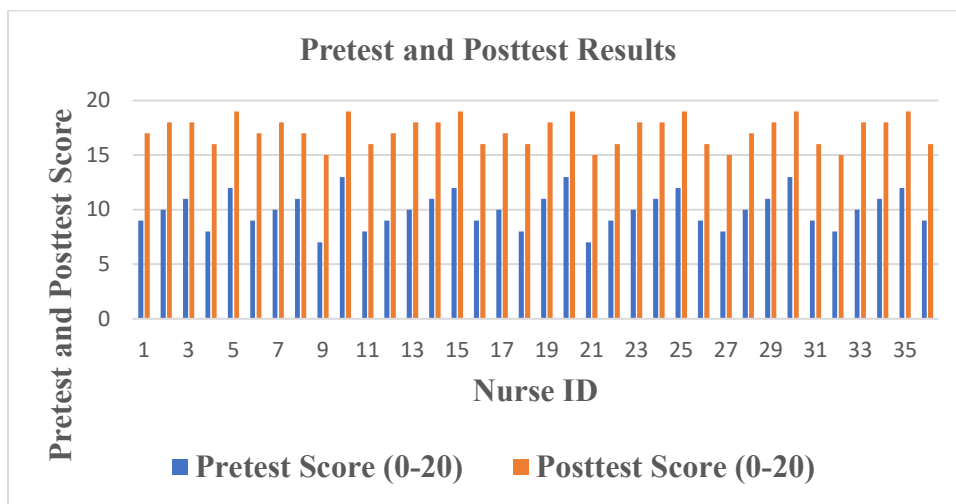
*Pretest-Posttest Raw Data for 36 Nurses*

Nurse ID	Pretest score (0–20)	Posttest score (0–20)	Improvement
1	9	17	8
2	10	18	8
3	11	18	7
4	8	16	8
5	12	19	7
6	9	17	8
7	10	18	8
8	11	17	6
9	7	15	8
10	13	19	6
11	8	16	8
12	9	17	8
13	10	18	8
14	11	18	7
15	12	19	7
16	9	16	7
17	10	17	7
18	8	16	8
19	11	18	7
20	13	19	6
21	7	15	8
22	9	16	7
23	10	18	8

24	11	18	7
25	12	19	7
26	9	16	7
27	8	15	7
28	10	17	7
29	11	18	7
30	13	19	6
31	9	16	7
32	8	15	7
33	10	18	8
34	11	18	7
35	12	19	7
36	9	16	7

**Figure 1**

*Clustered Column Chart for Pre-/Post-Test Score*



### Inferential Analysis

An inferential analysis using a paired-samples  $t$  test was conducted to determine whether the increase in knowledge was statistically significant. The analysis revealed that the difference between pretest and posttest scores was statistically significant,  $t(35) = 67.01, p < .001$ , and that pretest and posttest scores were strongly positively correlated ( $r = .93, p < .001$ ). The findings confirm that the educational intervention was effective in

enhancing nurses' knowledge related to structured discharge checklist use. The result substantiates the efficacy of targeted, evidence-based staff education to eliminate practice variability and strengthen standardized discharge education in medical-surgical units (see Marks et al., 2022).

### **Impact on the Organization**

The project strengthened medical-surgical nurses' knowledge of the standardized discharge checklist, including its components and implementation. The enhanced understanding of the structured discharge checklist improved the consistency in discharge education and reduced variation in how critical information like medications, follow-up care, symptom monitoring, and escalation instruction are communicated to patients. It also increased nurses' knowledge in delivering discharge education and using teach-back promotes accountability and shared understanding between nurses and patients.

### **Limitations**

The sample size was small, limiting the generalizability of the results beyond the medical-surgical unit and reducing statistical power. Additionally, the pretest/posttest evaluation assessed cognitive learning only; thus, it was challenging to determine whether behavioral changes in discharge practices and patient outcomes occurred following the project. Although these limitations were present, the findings still demonstrated meaningful knowledge gains, supporting the efficacy of the structured discharge checklist education and highlighting the need for long-term follow-up to assess practice compliance.

### **Significance of the Project Beyond the Local Site**

This project is essential beyond the local site since inconsistent discharge education is a widespread challenge across healthcare settings and contributes to preventable readmissions and poor care transitions. A structured discharge checklist education model is scalable, low-cost, and adaptable to various inpatient units and organizations. By standardizing nurses' knowledge and discharge practices, this project supports national patient safety priorities and aligns with evidence-based transition-of-care initiatives.

### **Conclusions**

This structured discharge checklist education project had a meaningful impact on the organization by improving medical-surgical nurses' knowledge and consistency in delivering discharge education. Posttest results demonstrated clear gains in understanding of checklist components, including medication education, symptom monitoring, escalation guidance, follow-up planning, and appropriate use of teach-back. The project also reinforced a culture of accountability and quality improvement by emphasizing standardized education as a shared professional responsibility.

Further recommendations include embedding the structured discharge checklist into the electronic health record, incorporating the education into nurse onboarding and annual competencies, and expanding training to additional units and interdisciplinary team members. Ongoing audits and refresher education could further support sustainability. Implications for nursing practice include improved communication and more reliable delivery of discharge education. From a broader perspective, standardized discharge education promotes equity by ensuring all patients receive consistent,

understandable information regardless of nurse assignment, literacy level, or background.

This supports positive social change by improving access to safe, high-quality care and reducing disparities in post-discharge outcomes.

## References

- Becker, C., Zumbrunn, S., Beck, K., Vincent, A., Loretz, N., Müller, J., Amacher, S. A., Schaefer, R., & Hunziker, S. (2021). Interventions to improve communication at hospital discharge and rates of readmission. *JAMA Network Open*, 4(8), 1–23. <https://doi.org/10.1001/jamanetworkopen.2021.19346>
- Çatal, A. T., & Cebeci, F. (2023). The effect of discharge training with the teach-back method on post-discharge challenges in lumbar disc herniation patients: A quasi-experimental study. *International Journal of Orthopaedic and Trauma Nursing*, 50, 101020–101020. <https://doi.org/10.1016/j.ijotn.2023.101020>
- Emmanouilidou, E., Krishnan, D., Kaplan, E., Moritz, V., Kaloti, I., Sengupta, S., Czapinski, L., Dowling, E., Simon, W., & Dermenchyan, A. (2025). Nursing recommendations to improve discharge and care transitions from the bedside. *Journal of Patient Safety*, 10.1097/PTS.0000000000001382. <https://doi.org/10.1097/PTS.0000000000001382>
- Fu, S., Liu, S., Duan, L., Fan, C., & Jiang, Y. (2025). Design and validation of nurses' knowledge, attitude, and practice questionnaire for discharge planning of stroke patients. *Frontiers in Neurology*, 16. <https://doi.org/10.3389/fneur.2025.1583169>
- Haverfield, M. C., De Leon, G., Johnson, A., Jackson, V. L., Basu, G., & Dodge, J. (2024). Transforming the discharge conversation through support and structure: A scoping review. *International Journal of Nursing Studies Advances*, 6, 100203. <https://doi.org/10.1016/j.ijnsa.2024.100203>
- Hayajneh, A. A., Hweidi, I. M., & Abu Dieh, M. W. (2020). Nurses' knowledge, perception, and practice of discharge planning in acute care settings. *Journal of*

*Nursing Care Quality, Publish Ahead of Print*(36).

<https://doi.org/10.1097/ncq.0000000000000493>

Hayajneh, A. A., Hweidi, I. M., & Abu Dieh, M. W. (2021). Nurses' knowledge, perception and practice toward discharge planning in acute care settings: A systematic review. *Nursing Open*, 7(5), 1313–1320.

<https://doi.org/10.1002/nop2.547>

Jehosua, W. A., Kakerissa, N., Pangaribuan, R. N., & Eka, N. G. A. (2023). Effect of an educational intervention program on discharge planning for nurses and midwives. *Enfermeria Clínica*, 33, S33–S37. <https://doi.org/10.1016/j.enfcli.2023.01.005>

Keçeci, A., Demiray, A., Kızıltepe, S. K., İlaslan, N., Açıl, A., & Ertürk, F. (2025). The acquisition and effectiveness of “IDEAL” standards in discharge planning and education with the simulation method. *BMC Nursing*, 24(1).

<https://doi.org/10.1186/s12912-025-03394-1> b

Luo, R., Li, J., Zhang, X., Tian, D., & Zhang, Y. (2024). Effects of applying blended learning based on the ADDIE model in nursing staff training on improving theoretical and practical operational aspects. *Frontiers in Medicine*, 11.

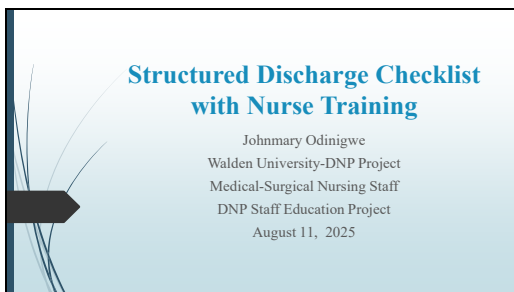
<https://doi.org/10.3389/fmed.2024.1413032>

Marks, L., O'Sullivan, L., Pytel, K., & Parkosewich, J. A. (2022). Using a teach-back intervention significantly improves knowledge, perceptions, and satisfaction of patients with nurses' discharge medication education. *Worldviews on Evidence-Based Nursing*, 19(6), 458–466. <https://doi.org/10.1111/wvn.12612>

- Mattina, K., Dabney, B. W., & Linton, M. (2021). The impact of nurse education on heart failure readmissions and patient education. *Journal of Doctoral Nursing Practice, 14*(1), 56–63. <https://doi.org/10.1891/jdnp-d-19-00076>
- Oh, E. G., Lee, H. J., Yang, Y. L., Lee, S., & Kim, Y. M. (2021). Development of a discharge education program using the teach-back method for heart failure patients. *BMC Nursing, 20*(1). <https://doi.org/10.1186/s12912-021-00622-2>
- Sakashita, C., Endo, E., Ota, E., & Oku, H. (2025). Effectiveness of nurse-led transitional care interventions for adult patients discharged from acute care hospitals: A systematic review and meta-analysis. *BMC Nursing, 24*(1). <https://doi.org/10.1186/s12912-025-03040-w>
- Suplee, P. D., D’Oria, R., Larson, K., Kilday, D., Eymold, C., & Brea Onokpise. (2023). An initiative to improve postpartum discharge education. *Nursing for Women’s Health, 27*(4). <https://doi.org/10.1016/j.nwh.2023.04.007>
- Zhou, X., Huang, S., & Gu, J. (2025). Readiness for hospital discharge among patients with t-tubes: A review of influencing factors and interventions. *Journal of Multidisciplinary Healthcare, Volume 18*, 5581–5590. <https://doi.org/10.2147/jmdh.s543372>

## Appendix A: Staff Education PowerPoint Presentation

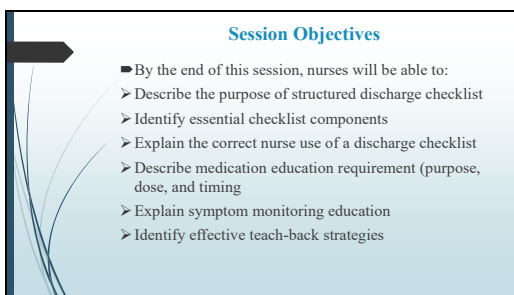
Slide 1



**Structured Discharge Checklist  
with Nurse Training**

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Walden University-DNP Project  
Medical-Surgical Nursing Staff  
DNP Staff Education Project  
August 11, 2025

Slide 2




**Session Objectives**

- By the end of this session, nurses will be able to:
  - Describe the purpose of structured discharge checklist
  - Identify essential checklist components
  - Explain the correct nurse use of a discharge checklist
  - Describe medication education requirement (purpose, dose, and timing)
  - Explain symptom monitoring education
  - Identify effective teach-back strategies

Slide 3

### Why Discharge Education Matters



- Discharge is a high-risk transition in inpatient care
- Nurses are the primary providers of discharge education (Emmanouilidou et al., 2025)
- Patients receive complex information in a short time
- Medication changes commonly occur at discharge
- Symptom monitoring guidance is essential for safety
- Inconsistent education increases confusion and errors

Slide 4

### Identified Practice Gap

- Variability in nurses discharge education practices
- Reliance on individual experience rather than standards
- Uncertainty about essential discharge teaching elements
- Inconsistent use of structured discharge checklists
- Limited formal education for experienced nurses
- Teach-back applied inconsistently
- Gap between policy expectations and daily practice

Slide 5

### What Is a Structured Discharge Checklist?

- A standardized guide for nurse-led discharge education
- Outlines required discharge teaching components
- Supports consistent communication across nurses
- Embedded within organizational discharge processes
- Reinforces evidence-based discharge practices
- Complements, not replaces, nurse clinical judgment
- Promotes completeness and accountability

Slide 6

### Purpose of a Structured Discharge Checklist

- Standardizes nurse discharge education practices
- Reduces variability in what is taught at discharge
- Ensures critical topics are consistently addressed
- Supports medication and symptom education accuracy
- Reinforces use of teach-back strategies
- Aligns nursing practice with organizational policy
- Strengthens nurse confidence and competence

Slide 7

### Core Components of a Discharge Checklist

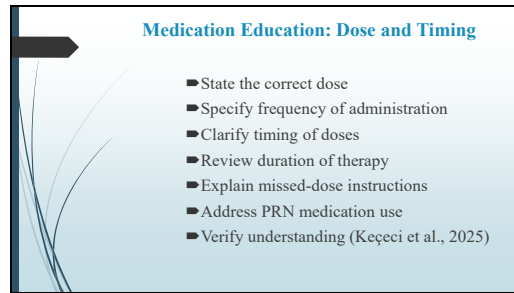
- Medication education (purpose, dose, timing)
- Medication reconciliation confirmation
- Symptom monitoring education
- Escalation guidance and emergency criteria
- Follow-up appointments and timelines
- Written discharge materials reviewed
- Confirmation of patient understanding (Bechir, 2025)

Slide 8

### Medication Education: Purpose

- Explain why each medication is prescribed
- Link medications to diagnoses or symptoms
- Clarify new versus home medications
- Identify discontinued medications
- Reinforce importance of adherence
- Encourage patient questions

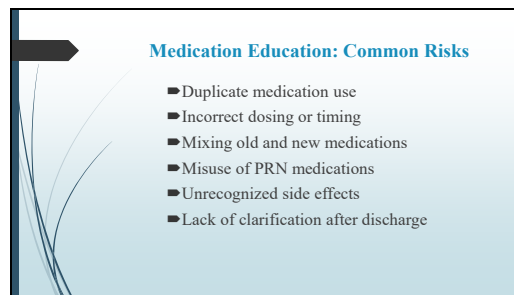
Slide 9



**Medication Education: Dose and Timing**

- State the correct dose
- Specify frequency of administration
- Clarify timing of doses
- Review duration of therapy
- Explain missed-dose instructions
- Address PRN medication use
- Verify understanding (Keçeci et al., 2025)

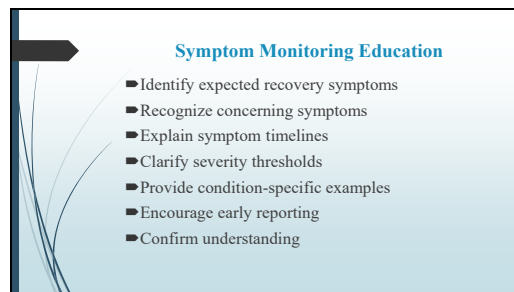
Slide 10



**Medication Education: Common Risks**

- Duplicate medication use
- Incorrect dosing or timing
- Mixing old and new medications
- Misuse of PRN medications
- Unrecognized side effects
- Lack of clarification after discharge

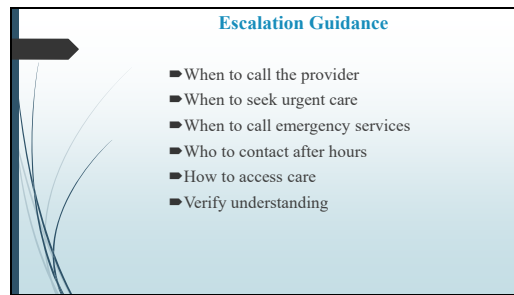
Slide 11



**Symptom Monitoring Education**

- Identify expected recovery symptoms
- Recognize concerning symptoms
- Explain symptom timelines
- Clarify severity thresholds
- Provide condition-specific examples
- Encourage early reporting
- Confirm understanding

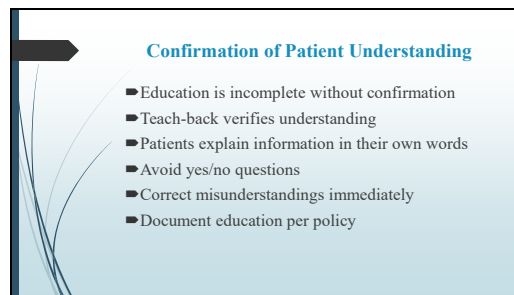
Slide 12



**Escalation Guidance**

- When to call the provider
- When to seek urgent care
- When to call emergency services
- Who to contact after hours
- How to access care
- Verify understanding

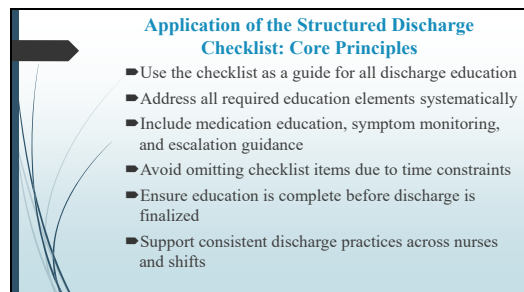
Slide 14



**Confirmation of Patient Understanding**

- Education is incomplete without confirmation
- Teach-back verifies understanding
- Patients explain information in their own words
- Avoid yes/no questions
- Correct misunderstandings immediately
- Document education per policy

Slide 15



**Application of the Structured Discharge Checklist: Core Principles**

- Use the checklist as a guide for all discharge education
- Address all required education elements systematically
- Include medication education, symptom monitoring, and escalation guidance
- Avoid omitting checklist items due to time constraints
- Ensure education is complete before discharge is finalized
- Support consistent discharge practices across nurses and shifts


Slide 16

### Application of the Structured Discharge Checklist: Consistency and Accountability

- Apply the checklist consistently across all shifts
- Deliver the same core education regardless of nurse assignment
- Reduce variability caused by individual practice styles
- Promote shared expectations among nursing staff
- Strengthen continuity of discharge education
- Support accountability in nurse-led discharge teaching
- Align practice with organizational discharge standards

Slide 17

### Teach-Back: Definition



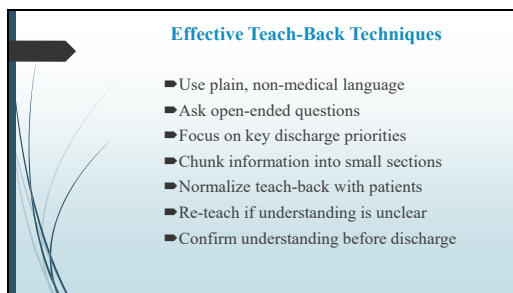
- Evidence-based communication strategy (Gullet & Tastan, 2025)
- Used to confirm patient understanding
- Patient explains information in own words
- Focuses on clarity of nurse teaching
- Not a test of the patient
- Integral to discharge education

Slide 18

### Purpose of Teach-Back

- Verifies comprehension of discharge instructions
- Identifies misunderstandings immediately
- Allows timely clarification
- Reinforces key discharge information
- Supports patient safety
- Promotes consistent education (Hesselink et al., 2021)

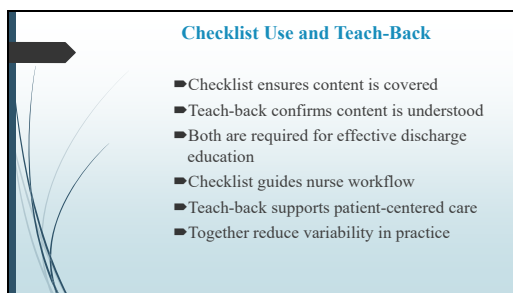
Slide 19



**Effective Teach-Back Techniques**

- Use plain, non-medical language
- Ask open-ended questions
- Focus on key discharge priorities
- Chunk information into small sections
- Normalize teach-back with patients
- Re-teach if understanding is unclear
- Confirm understanding before discharge

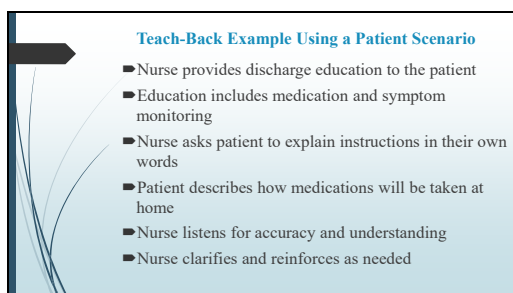
Slide 20



**Checklist Use and Teach-Back**

- Checklist ensures content is covered
- Teach-back confirms content is understood
- Both are required for effective discharge education
- Checklist guides nurse workflow
- Teach-back supports patient-centered care
- Together reduce variability in practice

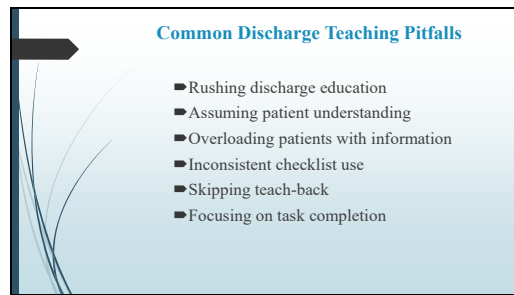
Slide 21



**Teach-Back Example Using a Patient Scenario**

- Nurse provides discharge education to the patient
- Education includes medication and symptom monitoring
- Nurse asks patient to explain instructions in their own words
- Patient describes how medications will be taken at home
- Nurse listens for accuracy and understanding
- Nurse clarifies and reinforces as needed

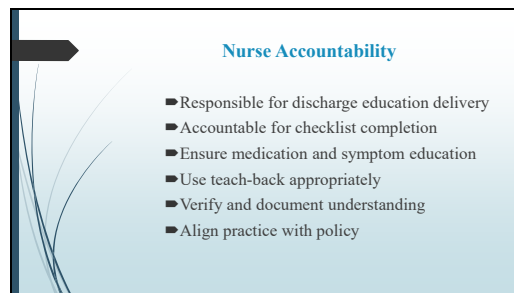
Slide 22



Common Discharge Teaching Pitfalls

- Rushing discharge education
- Assuming patient understanding
- Overloading patients with information
- Inconsistent checklist use
- Skipping teach-back
- Focusing on task completion

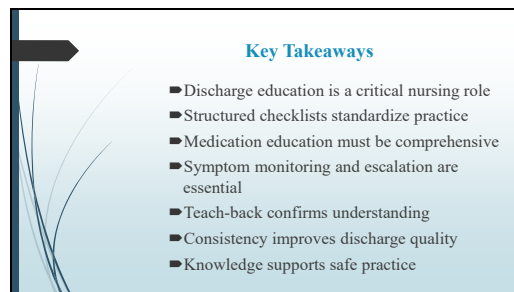
Slide 23



Nurse Accountability

- Responsible for discharge education delivery
- Accountable for checklist completion
- Ensure medication and symptom education
- Use teach-back appropriately
- Verify and document understanding
- Align practice with policy


Slide 24



Key Takeaways

- Discharge education is a critical nursing role
- Structured checklists standardize practice
- Medication education must be comprehensive
- Symptom monitoring and escalation are essential
- Teach-back confirms understanding
- Consistency improves discharge quality
- Knowledge supports safe practice


Slide 25



### Questions and Discussion

- You are free to ask for any question regarding the structured discharge checklist
- You can also share any workflow concerns that you have

Slide 26



### Knowledge Check Reminder

- You will complete the same questions on the posttest
- Questions reflect content covered in this session
- Use what you heard, read, and saw.

Slide 27



### Thank You

- Thank you for participation
- Your role impacts discharge quality
- Consistent education supports safety
- Knowledge strengthens practice
- Education supports professional growth

## Slide 28

## References

- Bechir, G. (2025). Daily dispo documentation improves patient flow and discharge efficiency. *Cureus*. <https://doi.org/10.7759/cureus.88814>
- Emmanouilidou, E., Krishnan, D., Kaplan, E., Moritz, V., Kaloti, I., Sengupta, S., Czynpinski, L., Dowling, E., Simon, W., & Dermenchyan, A. (2025). Nursing recommendations to improve discharge and care transitions from the bedside. *Journal of Patient Safety*, 10.1097/PTS.0000000000001382. <https://doi.org/10.1097/PTS.0000000000001382>
- Gullet, A., & Tattan, S. (2025). The effect of discharge training based on teach-back method on discharge readiness and satisfaction: A randomized controlled trial. *Worldviews on Evidence-Based Nursing*, 22(4). <https://doi.org/10.1111/wen.70962>
- Hessefink, G., Sir, Ö., Koster, N., Tolsma, C., Munsterman, M., Olde Rikkert, M., & Schoon, Y. (2021). Teach-back of discharge instructions in the emergency department: A pre-post pilot evaluation. *Emergency Medicine Journal*, 39(2), emermed-2020-210168. <https://doi.org/10.1136/emered-2020-210168>
- Kayeci, A., Demiray, A., Kızıltepe, S. K., İlaslan, N., Açıl, A., & Ertürk, F. (2025). The acquisition and effectiveness of "IDEAL" standards in discharge planning and education with simulation method. *BMC Nursing*, 24(1). <https://doi.org/10.1186/s12912-025-03394-1>

## **Appendix B: Participant Handout**

### **Structured Discharge Checklist: Nurse Education Handout**

#### **Purpose of this Handout**

This handout supports the staff education session on the use and application of a structured discharge checklist. The goal is to strengthen nurses' knowledge and promote consistent, evidence-based discharge education using standardized tools and effective teach-back.

#### **What is a Structured Discharge Checklist?**

A structured discharge checklist is a standardized, nurse-led tool that guides discharge education to ensure all required elements are addressed before a patient leaves the hospital.

#### **Key Purpose of the Checklist: Include:**

- Standardizing discharge education
- Reducing variability between nurses and shifts
- Ensuring complete and consistent patient teaching
- Supporting nurse accountability
- Aligning practice with organizational policy and evidence-based standards

#### **Core Components of a Discharge Checklist**

All discharge education should include the following elements

- Medication education (purpose, dose, and timing)
- Medication risks and precautions
- Symptom monitoring education

- Escalation guidance
- Follow-up appointments and timelines
- Confirmation of patient understanding using teach-back

### **Medication Education**

Effective medication education requires nurses to explain clearly:

- a. Medication Purpose
  - Why the patient is taking each medication
  - How the medication supports the patient's condition or recovery
- b. Medication Dose and Timing
  - Exact dose to take
  - How often the medication should be taken
  - Specific timing instructions (morning, evening, with food, etc.)
- c. Common Medication Risks
  - Potential side effects
  - Signs of adverse reactions
  - Risks of missed or duplicate doses

### **Symptom Monitoring Education**

Symptom monitoring education prepares patients to recognize changes after discharge.

Nurses should explain:

- Which symptoms are expected
- Which symptoms are concerning
- What symptoms require medical attention

**Escalation Guidance**

Escalation guidance teaches patients what to do if symptoms worsen.

Patients should know:

- When to call their provider
- When to seek urgent care
- When to call emergency services (911)

**Follow-up Appointments and Timeline**

Patients should know:

- Scheduled appointment date
- What will be done during the appointment
- Actions if the appointment is missed
- Importance of timely follow-up care

**Teach-Back: Definition and Purpose**

Teach-back is a communication strategy in which patients are asked to explain information in their own words.

**Purpose of Teach-Back**

- ✓ Confirms patient understanding
- ✓ Identifies misunderstandings
- ✓ Allows nurses to clarify and reinforce education
- ✓ Ensures education was understood, not just delivered

**Effective Teach-Back Techniques**

- ✓ Use plain language
- ✓ Ask open-ended questions

- ✓ Avoid yes/no questions
- ✓ Re-teach and reassess as needed
- ✓ Maintain a supportive, non-judgmental tone

**Example Teach-Back Question:**

“Can you explain how you will take your medications when you get home?”

**Application of the Structured Discharge Checklist**

**Nurse Should Ensure to:**

- ✓ Utilize the checklist as a guide for all discharge education
- ✓ Include all core components of the structured discharge checklist
- ✓ Refrain from omitting the checklist due to time constraints
- ✓ Delivering the same core education across shifts
- ✓ Avoid individual practice styles that may lead to variability
- ✓ Demonstrating nurse accountability for discharge education
- ✓ Using teach-back to confirm understanding

**Nurse Accountability**

**The bedside nurse is responsible for:**

- Using the structured discharge checklist
- Completing the required education
- Confirming patient understanding with teach-back
- Ensuring discharge education is complete and standardized

**Key Takeaways**

- Structured discharge checklists standardize education
- Medication education must include purpose, dose, and timing

- Symptom monitoring and escalation guidance are essential
- Teach-back confirms understanding
- Consistent checklist use supports safe discharge and professional nursing practice

**Reminder:**

- You will complete a posttest after this session using the same questions as the pretest to measure knowledge improvement.

*Thank you for your participation in the structured discharge improvement*

*initiative!*

## **Appendix C: Pretest / Posttest Knowledge Assessment**

### **Instruction for Participants**

Create a 4-digit de-identifying number and use it on both the pretest and posttest. Do not include your name.

### **SECTION 1: Understanding the Purpose of the Structured Discharge Checklist**

1. Which statement best describes a structured discharge checklist in medical-surgical nursing practice?
  - A. A documentation tool used only for physician discharge orders
  - B. A standardized guide that supports nurse-led discharge education
  - C. A form used only for medication reconciliation
  - D. A patient-completed discharge survey
2. What is the primary purpose of using a structured discharge checklist?
  - A. To reduce nurse workload
  - B. To replace clinical judgment
  - C. To standardize discharge education and reduce variability
  - D. To speed up patient discharge
3. Why is relying only on individual nurse experience for discharge education a concern?
  - A. It increases patient independence
  - B. It creates inconsistency in discharge teaching
  - C. It improves workflow flexibility
  - D. It reduces documentation time

### **SECTION 2: Identifying Core Components of a Discharge Checklist**

4. Which of the following is a core component of a discharge checklist?
  - A. Social media education
  - B. Dietary preferences
  - C. Medication education, including purpose, dose, and timing
  - D. Room assignment review
5. When providing medication education, nurses should explain the purpose by:
  - A. Listing medication names only
  - B. Linking each medication to the patient's diagnosis or symptoms
  - C. Reviewing pharmacy policies
  - D. Asking the patient to read the medication label
6. Which information must be included when teaching medication dose and timing?
  - A. Cost of the medication
  - B. Brand name only
  - C. Correct dose, frequency, and timing of administration
  - D. Manufacturer information
7. Which of the following is a common medication-related risk after discharge?
  - A. Delayed lab results
  - B. Duplicate medication use
  - C. Increased appetite
  - D. Early follow-up visits
8. What is the goal of symptom monitoring education?
  - A. To reduce documentation requirements
  - B. To ensure patients recognize expected and concerning symptoms

- C. To limit patient-provider communication
  - D. To focus only on pain management
9. Which element is included in symptom monitoring education?
- A. Instructions for hospital billing
  - B. Expected symptoms and warning signs after discharge
  - C. Provider credential information
  - D. Unit phone extensions
10. Which teaching point is included in escalation guidance?
- A. When to update the electronic health record
  - B. When to call the provider, seek urgent care, or call emergency services
  - C. How to complete insurance paperwork?
  - D. When to return hospital equipment

### **SECTION 3: Application of the Structured Discharge Checklist**

11. A nurse completes discharge teaching but does not review symptom monitoring or escalation guidance. Which checklist principle was missed?
- A. Documentation efficiency
  - B. Complete and standardized education
  - C. Patient autonomy
  - D. Workflow prioritization
12. Which nursing action best reflects the correct application of a discharge checklist?
- A. Skipping checklist items when time is limited
  - B. Teaching only medications and omitting follow-up care
  - C. Systematically reviewing all checklist elements before discharge

D. Relying on the patient to ask questions

13. Why is consistent checklist use important across shifts?

A. It ensures patients receive the same core education regardless of nurse assignment

B. It reduces nurse accountability

C. It eliminates the need for teaching

D. It replaces interdisciplinary communication

**SECTION 4: Teach-Back Purpose and Effective Use**

14. Which statement best defines teach-back?

A. A quiz given to patients before discharge

B. A method where patients explain information in their own words

C. A checklist documentation requirement

D. A scripted discharge conversation

15. What is the primary purpose of teach-back during discharge education?

A. To test the patient's memory

B. To verify patient understanding and identify misunderstandings

C. To shorten discharge time

D. To meet regulatory requirements only

16. Which technique supports effective teach-back?

A. Asking yes/no questions

B. Using medical jargon

C. Asking open-ended questions using plain language

D. Providing all information at once

17. Which question best demonstrates effective teach-back?
- A. “Can you explain how you will take your medications at home?”
  - B. “Do you understand your medications?”
  - C. “Any questions before you leave?”
  - D. “Did the doctor explain everything?”

**SECTION 5: Nurse Accountability and Discharge Education Expectations**

18. Who is accountable for completing discharge education using the checklist and teach-back?
- A. Case management only
  - B. The attending physician
  - C. The bedside nurse
  - D. The pharmacist
19. Which action best demonstrates nurse accountability in discharge education?
- A. Documenting teaching without verifying understanding
  - B. Using the checklist and confirming understanding with teach-back
  - C. Completing discharge tasks as quickly as possible
  - D. Referring all questions to the provider
20. Why is teach-back paired with a structured discharge checklist?
- A. To reduce documentation
  - B. To replace patient education
  - C. To meet billing requirements
  - D. To ensure education was understood, not just delivered