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Walden University

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Marie Ortiz

This is to certify that the doctoral study by

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

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Walden University
2017

Abstract

Educational Interventions to Improve Aggressive Behavior Recognition for an Acute Psychiatric Setting

by

Marie Ortiz

MS, Walden University, 2013

BS, Norfolk State University, 2002

Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

Walden University

November 2017

Abstract

Nurses working in an acute psychiatric setting within a veterans' administration hospital must maintain a therapeutic milieu by recognizing and managing aggressive behaviors before violence ensues to reduce injuries to staff nurses and patients. The purpose of this project was to develop an evidence-based and theoretically grounded educational program that will help staff nurses manage escalating aggression, violence, and acting out behaviors to provide a safe environment for patients and staff through high risk identifier recognition and intervention training. During the data and information gathering stage, 23 articles were reviewed, rated, and graded to provide the most significant information used to complete the project. The project is a workshop made up of a 6-module curriculum that will be used to train staff nurses. This workshop will be shared with the partnering organization including the recommendation that it is adopted and implemented at a later date. The educational training program will have the potential to become a practice standard for other acute psychiatric settings within the Veterans Integrated Service Network to provide a tool that will assist the nurses as they care for the patient and maintain safety. Social change will occur through the empowerment of nurses who interact with veterans to bring them better and safer care.

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# Dedication

This project is dedicated to mental health nurses who have chosen to work with the unique veteran population. It takes a strong individual to come to work each day knowing that you may be targeted by a cognitively impaired patient who is actively hallucinating and views you as the enemy. Nevertheless, you return and stand steadfastly to provide the necessary care. You are strong when your patient is weak and in need of your strength and guidance.

Acknowledgments

First and foremost, I would like to thank my faculty committee members, Drs. Marisa Wilson and Murielle Beene. You were there to inspire me and keep me on the right path since the very beginning. I was comforted when I learned that you would continue to see me and my project to the end. You silenced my doubts when I wanted to quit. You motivated me to stay in the game when I grew tired after each inning. It is because of you that I have stayed the course and carried on. Dr. Wilson, there are no words that can possibly explain how you have helped me. Your collaborations kept me centered as I was able to tackle each rewrite.

Secondly, to my husband, Jose, you have been a soft place to land. You have been more than understanding when dinner consisted of yet another order of take-out instead of something home cooked. Thank you for being my biggest cheerleader by reassuring me that I could do anything, regardless of the fact that I know I cannot do anything as evidenced by my inability to give you the moon and the stars. You have been my rock. To my sons, I just want you to know that I see you. I know I have had my head in the books for years, but I see you. I want you to know that if I can do it, you certainly can too. I wanted to be your inspiration, just as you have inspired me.

Lastly, to my friends, colleagues, my Preceptor, Dr. Clark, and the best boss in the world it has been a great journey. You each kept me grounded in various ways. I appreciate the doses of reality when my head would wander off into the clouds. I am most appreciative to you for always being there. Dr. Clark and Dr. Harris thank you for making it look easy. It is because of you I convinced myself that this was something I could do.

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# Section 1: Nature of the Project

## Introduction

Psychiatric nurses are often the victims of workplace violence perpetrated by patients (Lanza, Zeiss, & Rierdan, 2006). According to Gacki-Smith et al. (2009), nursing has received attention for being an occupation at high risk for violent attacks. Jacobson (2007) explained that health care workers deal with patients who are delirious, agitated, and aggressive, especially on psychiatric units, in emergency departments, and nursing homes.

Workplace violence was a problem for the unit in which this project was developed. Over the course of 14 months, there were 11 staff members injured on the acute psychiatric unit in a veterans' affairs hospital, which was the focus for this project. The patients on the unit were all veterans, as the hospital setting is that of a local veterans' affairs medical center. Veterans have been trained in combat, actively participated in war, and are proficient at handling firearms. Additionally, these patients frequently have flashbacks from their times on active duty when they served in the war. Many of these patients suffer from mental illnesses, mainly posttraumatic stress syndrome (PTSD) that is often exacerbated by substance abuse. However, there are no behavioral code teams available to respond to patients when they act out. Moreover, the nurses' behavior often causes the patients' behavior to escalate. The patients report experiencing feelings of desperation and disrespect. Thus, the nurses are forced to manage the behaviors in the best way they can. As a result of these concerns, I developed a project that will train

nurses on how to handle a higher level of potentially violent attacks at the hands of patients when the actions are being perpetrated against them.

## Problem Statement

At the study site, nurses had not been educated on how to screen for high risk patients and early intervention protocols that allows them to recognize aggressive behaviors while decreasing staff injuries. Leadership expressed concerns of how important it was that nurses working on the acute psychiatric unit must recognize potentially escalating behaviors and be able to respond appropriately so as to avoid injury to themselves and others (H. Harris, personal communication, June 17, 2014). In an effort to prevent acts of violence perpetrated by patients and inflicted upon staff nurses, staff working on the acute psychiatric unit needs to be properly educated to detect and manage patients who pose the greatest threat, while not bringing harm to them. The nurses need to hone their de-escalation skills prior to using them when intervening with acting out patients.

The frequency of registered nurses being injured as a result of violent acts inflicted upon them by patients is creating anxiety, fear, and staff shortages (H. Harris, personal communication, June 17, 2014). In the past 14 months, 11 nurses were injured at the hands of patients. There have been many cases of violence against nurses that have had lasting effects. In 2013, 139 persons working in the health care field were killed while on the job (U.S. Bureau of Labor Statistics. 2013). Furthermore, nurses who work in the emergency department encounter violence at the hand of patients (Lanza et al., 2006). With the exception of several incidents that have taken place in other parts of the hospital,

few acts of violence have been as severe as those that have taken place in the psychiatric setting. If the acute psychiatric setting continues to serve as a catalyst for stress, duress, and injury for nurses, not only will the unit continue to suffer a staff shortage, but patient safety will be threatened as well. There needs to be an increase in the nurses' feelings of competence to handle acting out behaviors that lead to violence if there is going to be a decrease in staff injuries. The nurses will need to be provided with preeducation that trains them to intervene before acting out behaviors turn into violent ones. The adoption of an intervention to screen for high risk patients and early intervention protocols that allow the nurse to recognize aggressive behavior will provide staff with the proper tools that are needed to address this concern.

## Purpose Statement

The purpose of this project was to develop an evidence-based and theoretically grounded educational workshop to be implemented in the partnering organization that will help staff nurses manage escalating aggression, violence, and acting out behaviors in order to provide a safe environment for patients and staff through high risk identifier recognition and intervention training. The workshop was presented to the facility for possible adoption. The lack of correct education for staff working on acute psychiatric units that treat war veterans leave nurses vulnerable and places patients at risk. Therefore, it is imperative that organizations adopt a tool that can assist with the training of nurses as they become better equipped to handle aggressive behaviors while maintaining patient safety. Researchers have supported the use of the Dynamic Appraisal of Situational Aggression (DASA) tool because it offers a viable method to determine the likelihood that a patient

will become aggressive and act out violently. The High Risk Identifier workshop that provided an educational intervention based upon the DASA tool will assist the nurses in recognizing and managing behavior in a safe manner for all, patients and staff.

The workshop curriculum consists of six modules. The modules were designed to garner a better understanding of how to properly use the DASA tool, which includes gaining knowledge of the indicators as well as the accompanying scoring system. Topics covered in this workshop include introduction of the DASA tool, Top 5 psychiatric diagnoses admitted to the inpatient psychiatric unit, pharmacodynamics of psychotropic drugs, implementation of the DASA tool, putting the DASA tool to work, and how to transition to the DASA tool. Successful use of the DASA tool has been shown to decrease the number of injuries at the hand of patients to staff working in the psychiatric setting (Ogloff & Daffern, 2006).

## Project Objectives

In the project, I focused on the development of an educational program using the DASA tool with the recommendation that it be implemented for use later. Currently, the organization uses a type of web-based, 4-hour training. This format does not support comprehension as staff can skip through various sessions, there is no hands-on training, question and answer sessions are unavailable, and there is no follow-up once training is complete. The project is an educational training workshop for registered nurses that will assist them in recognizing and reducing behaviors of high risk patients, as well as realizing the aspects of an unsafe environment. By the end of the training, 80% of the nurses will demonstrate their understanding by

1. Recognizing diagnoses that carry the highest propensity for violence
2. Describing preventive techniques that decrease acting out behaviors and enable them to immediately intervene.
3. Describing an unsafe environment and making a determination on ways to establish safer surroundings
4. Understanding intervention actions that will maintain safety on the unit for both the patient and the staff by responding appropriately when behaviors have escalated to violence

The project will consist of educating staff on the DASA tool. Additionally, aggressive behavior recognition and training with simulation will be incorporated. The DASA concept is a tool designed to pinpoint existing and new risk factors that will assist staff in identifying and managing the risk for aggression in psychiatric inpatient populations (Ogloff & Daffern, 2006). Lastly, the DASA tool will provide consistent, up-to-date training that addresses and corrects these concerns.

## Significance and Relevance to Practice

Providing nurses with the appropriate education to will help them to identify when a patient is escalating toward violence will keep both the patients and staff safe. Additionally, developing an educational intervention will increase knowledge for the identification of aggression and reaction to these behaviors. This evidence-based intervention will give the nurse a the training needed to descalate a mentally ill patient who has been exposed to combat. Given the volatile nature of the patients on the unit, recognition of high risk behavior is essential. At the acute psychiatric unit, the nurses are

apathetic at times and frustrated at others. If the educational intervention is not put into place, additional injuries both for patients and staff may ensue. To prevent the further breakdown of care provided to mentally ill patients, it is essential to implement this training to make the acute psychiatric setting a more stable and less volatile place to work.

Nurses have taken an oath to care for the sick and disabled during those times when they are unable to provide for themselves. Educating nurses who work in the psychiatric setting on early intervention protocols designed to address acting out behaviors has the potential to decrease injuries. This subject matter has been addressed in the literature in various ways. There have been accounts of violent patient behaviors that speak to how patients have verbally and physically abused nurses. Additionally, details of how such behaviors have been addressed include de-escalation interventions like administering psychotropic medication on an as needed basis, redirection of behaviors prior to violence, observation, and restraint usage. The development of an educational intervention will take it one step further.

**Evidence-Based Project Significance**

The necessary application process was completed to obtain approval from both Walden University and the participating clinical setting's institutional review board (IRB) prior to developing the High Risk Identifier Training program. In instances where copyrighted material was used, proper citations were provided and special permissions were requested. Computers access was password protected. Privacy screens were used on all computers. In instances where patient information was used, names, as well as all

identifiers, were blacked out. Every effort was made to protect the privacy of all participants.

## Implications for Social Change

The implication for social change in practice is to empower nurses working on acute psychiatric units. Once empowered, these nurses will be able to protect their patients and foster a therapeutic milieu. Additionally, nurses will be able to prevent the stigmatization of mentally ill patients. According to Watson, Corrigan, Larson, and Sells (2007), "research suggests that perceived stigma results in a loss of self-esteem and self-efficacy and in limited prospects for recovery" (p. 1,312). As registered nurses attempt to care for this population, it becomes apparent that dealing with the stigma of mental illness and the aftermath is also a necessity. Fazel and Grann (2006) explained "those with severe mental illness committed 21,119 individual counts of violent crime compared with 303,264 counts of violent crime in the general population" (p. 210). Laypersons are frightened as more accounts of mass murders committed by the mentally ill are depicted on television. The Kendra Law was named after Kendra Webdale, a young woman who died in January 1999 after being pushed in front of a New York City subway train by a person who was living in the community at the time, but was not receiving treatment for his mental illness (Office of Mental Health, 2012). Thus, health care workers must have proper safety proceedures when working with the mentally ill.

## Definitions of Terms

The definitions that follow were used as a frame of reference for this project.

A. *Acting out:* Angry, destructive acts and "out of control" behaviors (National Alliance on Mental Illness [NAMI], n.d).

B. *Aggressive behavior:* Aggressive behavior is reactionary and impulsive behavior that often results in breaking household rules or the law; aggressive behavior is violent and unpredictable (NAMI, n.d).

C. *Mental health:* A state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community (Centers for Disease Control and Prevention [CDC], 2011).

D. *Mental illness*: A medical condition that disrupts a person's thinking, feeling, mood, ability to relate to others, and daily functioning (NAMI, n. d.).

## Assumptions and Limitations

### Assumptions

Assumptions are the aspects of the project that are accepted as true, or at least plausible, by those persons who will read the completed work (PhD Student, 2010). The assumptions for this project are detailed below.

1. The High Risk Identifier Training program should be a positive learning process that will encourage the staff nurses to participate and gain knowledge.
2. Because the nurses will be provided with initial training, it was assumed that the nurses will continue to work on learned techniques and stay abreast of current, evidence-based practice.

3. The nurses will participate in each phase of the training so that a complete implementation will take place.

**Limitations**

Limitations are potential weaknesses and limitations in the project that can affect design, as well as results, and a restriction on the project that cannot be reasonably dismissed (PhD, 2010). The limitations for this project are detailed below.

1. The developed curriculum may not be generalizable to other settings.
2. The implementation plan may not be generalizable to other settings.
3. The evaluation plan may not be generalizable to other settings.
4. I was employed at the organization targeted for pilot implementation. Thus, participants may not be willing to participate because of bias.
5. Because there is no way of guaranteeing that a patient will be admitted who will act out, participants will have to rely solely on hands-on training.
6. Because there are so many nurses who are out due to injury, there is a chance that not all of the nurses will be trained.

## Summary

This section provided a detailed perspective on the problem of patient aggression against staff nurses. I implemented an educational program that will teach the staff nurses how to identify patients most likely to commit violent acts against staff nurses. Once the high risk patients have been identified, an evaluation of the outcomes will demonstrate whether or not the intervention was a success. Providing the registered nurses who work on the acute psychiatric unit with education on how to recognize the early warning signs

that a patient is about to act out violently will decrease staff injuries. The use of workshops will provide the nurses with training on such things like early warning sign recognition, understanding the various types of aggression, and ways to make the environment safer. Additionally, this educational intervention will significantly increase patient safety. The nurses will learn how to recognize issues within themselves. While completing a self-inventory of the nurse's own feelings toward caring for patients who act out, the registered nurse will learn to present a calm appearance, speak softly to the patient during a potentially volatile episode, speak in a nonproactive and nonjudgmental manner, and demonstrate control over the situation without assuming an overly authoritarian stance (Psychiatric Nurse, 2013).

In Section 2, there will be a review of the literature that was used to provide the foundation for the project. The review will detail current practice that aligns with the project. Additionally, the conceptual models and theoretical framework that supports being able to better understand the population and the identification of behaviors will be outlined.

# Section 2: Review of Literature and Conceptual Framework

## Review of Literature

The purpose of this project was to develop an educational training program to educate staff on how to properly use the DASA tool that can be implemented at a later date and used by the staff nurses on the acute psychiatric unit to assist them with decreasing the number of injuries incurred, as well as protect the dignity of the patients. The scholarly literature was reviewed to determine the need to explore such a program that would support these efforts. In the literature review, I examine the scholarly literature related to patient violence, nurse injuries, and training programs that teach nurses how to recognize those patients who present high risk behaviors.

## Prevention as a Strategy

Everyone has the potential for violence in an attempt to regain control. Therefore, prevention is the key when trying to avoid escalating behaviors from acting out patients (Prevention and Management of Disruptive Behavior, n.d.). The High Risk Identifier Training program was based upon the DASA model. The DASA model emphasizes that clinical judgment based solely on clinical experience and knowledge of the nurse is less accurate than using the assessments supported by the structured risk measures described in the model (Ogloff & Daffern, 2006). The DASA model encourages nurses to develop a nurse-patient relationship and work in supportive teams (Ogloff & Daffern, 2006). Both the bond formed by the relationship and the support fostered through the forming of a team will serve as protective factors against risk (Ogloff & Daffern, 2006).

## Impact of Mental Illness

Bagalman and Napili (2014) estimated the prevalence of mental illness in the general population, based on review of data from a 12-month study, as approximately 26.2% of adults. Conversely, in an examination of statistical data of veterans returning from Iraq and Afghanistan, Seal et al., (2009) revealed that 106,726 (36.9%) out of 289,328 veterans received mental health diagnoses. Additionally, 62,929 (21.8%) were diagnosed with PTSD and 50, 432 (17.4%) with depression (Seal et al., 2009). As of 2011, only about 17% of the adults living in the United States were considered to be in a state of optimal mental health (CDC, 2011). According to the CDC (2011), positive mental health is associated with improved health outcomes. Thus, it is imperative that mentally ill patients admitted to inpatient psychiatric units receive proper care to address their mental illness diagnoses and that it is done while maintaining safety for all. The stigma of treating the mentally ill is still present. In 2007, the CDC (2011) surveyed adults living in 37 states about their attitudes toward mental illness and revealed that only 25% of adults with mental health symptoms believed that people were caring and sympathetic to those with mental illness.

The nurse working in the mental health care setting is unique. Nurses working in such a setting must learn redirection, as well as attempts to help with changing the mindsets of the patients, which often takes precedence over therapeutic resolve. Nursing care on a medical floor involves tending to the body first and then the mind. The nurse in traditional nursing care areas are able to focus on illnesses, as the goal is to heal the physical ailment. The opposite is true for the mental health nurse, as the focus is to teach

coping and life skills. As a result of such, mental health nurses have been injured by patients while trying to assist them to work on their perspective treatment plans. Mental health workers have considered violence and aggression by psychiatric inpatients to be acause for concern (Lowe, Wellman, & Taylor, 2003, p. 155). Bimenyimana, Poggenpoel, Myburgh, and van Niekerk (2009) revealed that such concerns include the type of patients being admitted to the unit, staff shortage, lack of support from management, and the lack of structured and comprehensive orientation. These elements have all played a part in violent acts perpetrated by patients. Bisconer, Green, Mallon-Czajka, and Johnson (2006) explained that the ongoing training of staff is an essential component to the effective implementation of behavioral redirection.

Many people in the United States suffer from psychiatric disorders. An estimated 57.7 million people ages 18 and older suffer from a diagnosable mental disorder (The Kim Foundation, 2014). The variances in diagnoses, along with understaffed units, overworked nurses, and patients who are prone to violence, places all parties at risk. What has shown to be successful in addressing the issue is to recognize and prevent the aggression.

## General Literature

Since the end of the Iraqi war, the admission rates of veterans to psychiatric units has increased and so has the aggression. Leadership has hired nurses; yet, as soon as one is hired, another sustains an injury inflicted by a patient and can no longer work. Staff complains of increased workloads, high acuity, and inadequate training to protect themselves from these aggressive patients. Thus, implementing an education intervention

on this acute psychiatric unit may prove to decrease the severity level, as well as the amount of, aggressive behaviors. The goal is to demonstrate that the educational intervention will provide the registered nurses working on the unit with a de-escalation tool that will decrease the number of injuries sustained. The staff will be trained to recognize high risk behaviors so they will be able to intervene before interactions turn violent.

**Maintaining a Therapeutic Milieu**

Limit-setting in mental health refers to a range of approaches for regulating patients' behavior, from administrative social control arrangements, the application of mental health legislation and imposition of institutional regimes, and the direct physical and verbal interventions (Vatne & Holmes, 2006, p. 588). Limit-setting is a must on the inpatient mental health unit in order to maintain a therapeutic milieu. Yet, nurses demonstrate difficulty participating in the act of limit-setting because of the often negative outcomes. Failure to redirect a patient by setting limits on acting out, aggressive, and violent behavior has proven to be a detriment to staff. According to Lowe, Wellman, and Taylor (2003), one serious incident occurs every 3 days in many innercity acute psychiatric inpatient facilities (p. 154). The nurse must be aware of their surroundings at all times due to the volatile nature of the mentally ill patient. The traditional bedside manner taught in nursing school does not exist in the often disruptive hallways on a mental health unit. Limit-setting may draw negative connotation as it is used to control the patient. The fear of violating a patient's rights may also be a contributing factor as to why nurses are reluctant to openly prescribe to and actively participant in limit-setting.

**Contributing Factors**

Many facilities boast being restraint free. Some organizations assert that restraints should only be used as a last resort. Stewart, Bowers, Simpson, Ryan, and Tziggili (2009) suggested that for the management of violent or challenging behavior, manual restraint should only be used as a method of last resort. Gacki-Smith et al. (2009) explained how most of the violence taking place in the hospital occurs in psychiatric wards, emergency departments, waiting rooms, and geriatric units. Furthermore, "studies have found that 35% to 80% of hospital staff has been physically assaulted at least once during their careers" (Gacki-Smith et al., 2009, p. 3). Gacki-Smith et al. explained that lack of staff training in recognizing and defusing patients with the propensity for violence adds to the dilemma at hand. In addition, most hospitals lack violence prevention programs and inadequate security (Gacki-Smith, 2009).

The sparse research on violence prevention programs has left room for further research. The majority of researchers have focused either on medication administration at one end of the continuum or on therapeutic communication at the other end (Ross, Bowers, & Stewart, 2012). Some of the scholars pointed out the ramifications of patient violence, but shared no recommendations at all (Bimenyimana et al., 2009). Lastly, not all patient populations have been studied. Studies have been done on the youth of varying ages, races, and ethnicities who had to be restrained (Delaney & Fogg, 2005); women who demonstrated aggressive behaviors (Jung-Chen & Chau-Shoun, 2004); and general populations of patients at risk for seclusion and restraints (De Benedictis et al., 2011). Nevertherless, not all risk factors, populations, and solutions have been studied. In 2010,

Denneson et al., studied the suicide risk of veterans in an effort to garner solutions for prevention. This study concluded that additional research was needed to identify better ways to facilitate communication of suicidal thoughts when patients are dealing with such. In 2014, Vojvoda, Stefanovics, and Rosenheck studied disparate treatment against veterans diagnosed with PTSD. Thus, although the VA has successfully expanded mental health services in primary care, stigma has not kept veterans with PTSD from receiving care in specialty mental health settings. This study, concluded that these patients along with this high risk diagnosis, were still being admitted to inpatient mental health settings although services had been expanded. Scholars have indicated that violence and aggression in patients is a detriment to both staff and patients and should be handled by some form of prevention.

There have not been any intervention studies done to evaluate a comprehensive violence prevention intervention that incorporates the risk/hazard assessment and documents baseline risk factors, assault experience, and violence prevention strategies (McPhaul & Lipscomb, 2004). Scholars have have not evaluated outcomes of success or failure of education on preintervention measures that serve to control aggressive behavior on acute psychiatric units in veterans' hospitals treating war veterans. Many hospitals that do not treat war veterans have been using containment teams to intervene when patients act out. Skeem and Bibeau (2008) looked at crisis intervention teams (CIT) for mentally ill patients as a way of keeping them from being incarcerated when they act out in public. The study concluded that CIT served to keep patients safe and met jail diversion goals. Focusing on mentally ill veterans who have combat training will keep the nurses who care

for them from being severely injured. Therefore, the current study served to develop educational interventions to help nurses identify when behavior is escalating. The nurses will be able to de-escalate the acts of aggression and prevent the types of incidents described above. Specifically, participants exposed to day-to-day abusive behaviors from patients will be able to recognize aggressive behaviors and respond in a manner that will calm the patient down as opposed to escalate them even further.

**Recognizing the Need for Training**

According to Stewart et al. (2009), the level of patient violence on psychiatric units is high. Approximately half of the nursing staff and one in seven patients are subject to physical assaults per year (Stewart et al., 2009). According to Duxbury, Hahn, Needham, and Pulsford (2008), it is vital that mental health nurses learn how to predict when patients may display aggression to attempt to prevent aggressive incidents from happening. The emphasis is not on mental health; rather, it has been place on screening, diagnosis, and treatment of mental illness (CDC, 2011). There is body of work on preventing acting out behaviors. Mental illness does not mean that a patient is violent. However, those diagnoses that carries a greater propensity for acting out need to be recognized and understood. Among these diagnoses is substance abuse. Patients who carry a diagnosis of substance abuse, whether it is the main diagnosis or a dual diagnosis, tend to be more prone to violence (CDC, 2011). Additionally, disorders such as bipolar disorders, schizophrenia, and PTSD are all diagnoses where individuals are more likely to commit violent acts (CDC, 2011). The average veteran admitted to the acute psychiatric unit has a substance abuse dual diagnosis and one of the disorders highlighted in the high risk

category. Thus, if nurses are going to keep from being injured, it is essential that they are able to realize the perceived threat that comes with those who have high risk diagnoses.

## Theoretical Foundation

The theoretical framework provides the basis for the project as it defines a study's core theory and concepts (McEwen & Willis, 2011). The interaction model of client health behavior (IMCHB) was used to garner an understanding of the population. This model was used as a conceptual guide in the explanation of veterans' health behaviors (Mathews, Secrest, & Muirhead, 2008). The IMCHB model was used to assess how nurses interact with patients before, during, and after a patient demonstrates acting out behaviors. The elements of each interaction will be examined and later used to garner a change in behaviors, which will bring about positive outcomes. The IMCHB was used in an effort to incorporate each client's individual differences into a systematic and comprehensive structure that examines the multiple determinants of health behaviors (Mathews et al., 2008). The IMCHB is organized by three major elements: client singularity (individual characteristics), client–professional interaction, and health outcomes (Mathews et al., 2008). The client singularity and health-outcome elements guided this study. This model provided the nurses working on the acute psychiatric unit with the elements detailed by the IMCHB as they learn to recognize acting out behaviors to thwart negative outcomes, mainly bodily harm.

Cox's IMCHB is also a middle range theory. The IMCHB is designed to incorporate unique aspects of the patient, the patient–nurse relationship, and their combined influence in determining the health outcomes of patient care (Wagner, Bear, &

Davidson, 2011). According to Wagner et al. (2011), as the health provider tailors interventions and interactions that are specific to the patient, the potential for positive health outcomes increase. The health outcomes lead the nurse to determine the appropriate interventions that bring about positive health behaviors and the process to implement them (Wagner et al., 2011). One of the key outcomes of patient care addressed in the IMCHB model is satisfaction with care (Wagner et al., 2011). Despite the limited abilities of a decompensated patient, the goal is that of patient satisfaction and preserving dignity. The model is based on three major elements. According to Wagner et al., these elements "are non-recursive because they influence each other in a multidirectional causal flow" (p. 178). Additionally, each of the variables within these elements is interrelated in a manner that serves to bring about relationships amongst the elements and health care behavior (Wagner et al., 2011). The elements are as follows:

1. The element of client singularity, defined as the configuration of the client's unique personal and environmental characteristics, encompasses four elements: (a) background variables, (b) intrinsic motivation, (c) cognitive appraisal, and (d) affective response. Background variables embody demographic characteristics, social influence, previous health care experience, and environmental resources.
2. The second element, client–professional interaction, identifies the relationship between the client and the professional as having a major influence on health care behavior and consists of affective support, health information, decisional control, and professional/technical competencies.

3. Health outcome is the final element of the model and contains five variables that measure the health behavior or state of the client. Satisfaction with care is the outcome of interest for this study. (p. 178)

A diagram depicting the IMCHB can be found in Figure 1. A conceptual guide to explain behaviors manifested in adult mentally ill patients can be found in Figure 2.

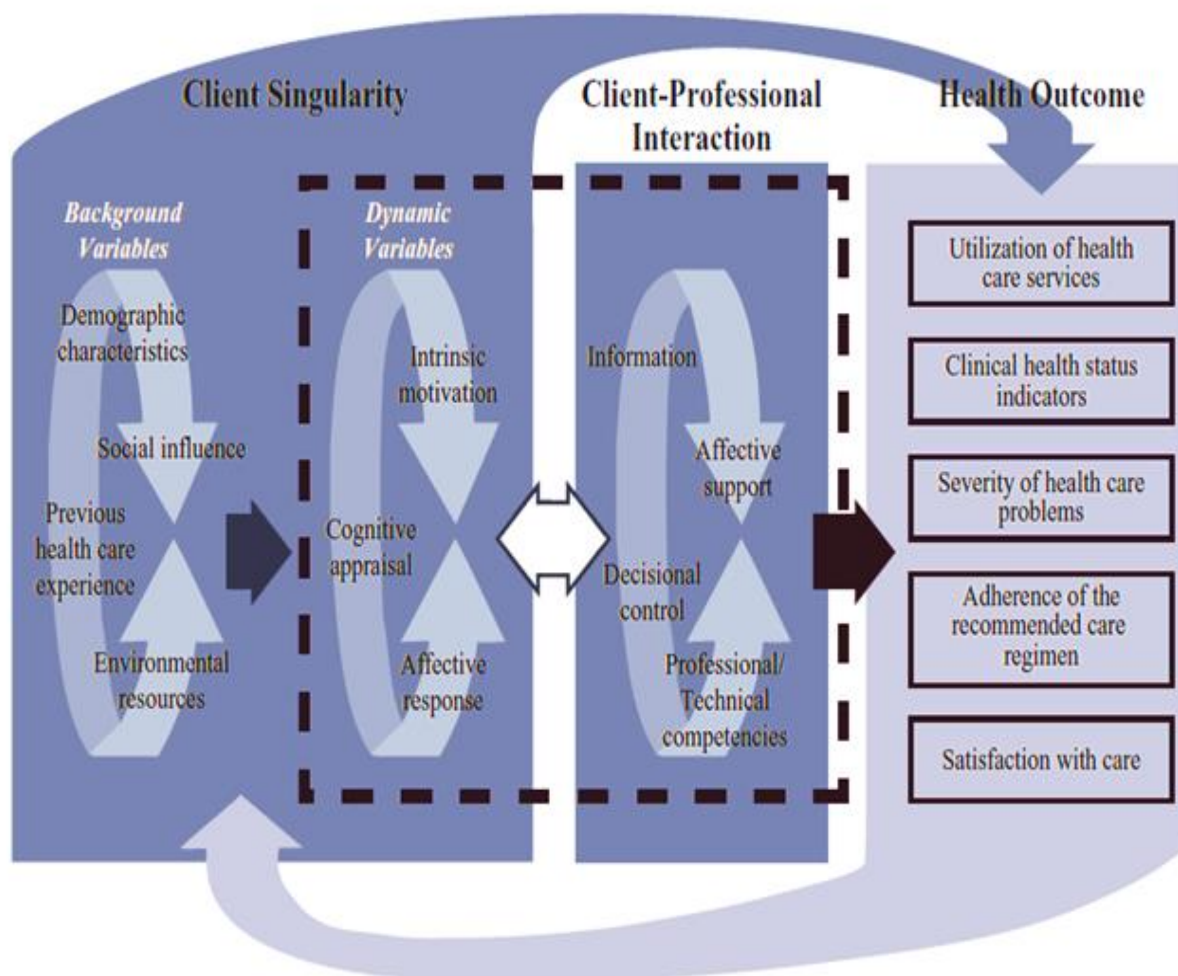


*Figure 1.* Interaction model of client health behavior (Wagner, Bear & Davidson, 2011).

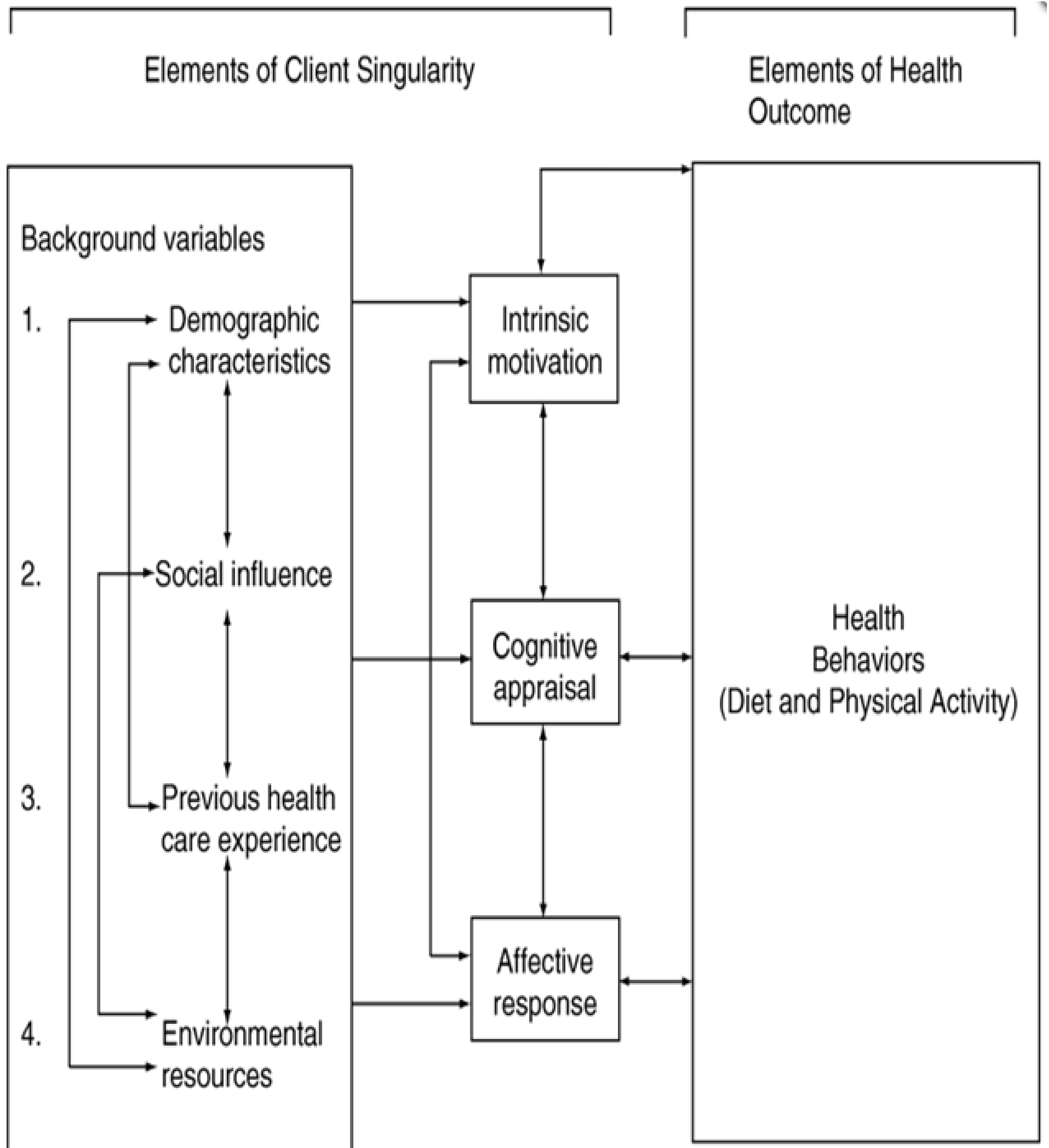


*Figure 2.* Model of client behavior (Wagner, Bear & Davidson, 2011).

## Project Questions

1. For the psychiatric mental health nurse working in the acute psychiatric unit treating war veterans, will evidence support the development of an educational effort for early intervention protocols that allows the nurse to recognize aggressive behavior, decrease staff injuries, and increase retention over the years once the DASA tool has been implemented?
2. Will workshops that include hands-on training via role play scenarios assist the registered nurses on the acute psychiatric unit to recognize when a patient is escalating his or her behavior to violence?
3. Will implementation of the DASA tool assist nurses to more accurately predict inpatient violence, thereby decreasing the number of staff injuries and help to improve the level of patient safety on the unit?

## Summary

In this literature review, I focused on the various aspects of being able to prevent violent acts perpetrated by patients and inflicted upon nurses. Techniques previously learned in PMDB and augmented by the High Risk Identifier Training program to redirect acting out patients and high risk behavior of patients on acute psychiatric units were explored. The mentally ill population was identified, along with those diagnoses that place certain patients more likely to commit violent acts. The importance of maintaining a therapeutic milieu was addressed. Additionally, three theoretical frameworks were examined to provide clarity of the purpose and reason for the project. There have been various solutions reviewed that can be used to address the issue. However, the premise of

the study was to provide training to the staff nurses working on the unit. In Section 3, I will describe the approach that will be used for the High Risk Identifier Training program.

# Section 3: Collection and Analysis of Evidence

## Introduction

The purpose of this quality improvement project was to develop an evidence-based curriculum, along with a plan to have the educational workshop (Development of a High Risk Identifier Training Program) adopted for implementation and evaluation at a later date to support staff nurses working in the acute psychiatric setting. I designed this curriculum to acquaint staff nurses working on the unit of how to properly use the DASA tool for high risk behavior identification. The curriculum for the High Risk Identifiers Training was developed to support the complete implementation of the actual sessions by the facility if they opted to use it for ensuring that their nurses had been properly trained. Any facilitator would be able to use the curriculum to follow along in a chronological manner and provide the training to staff nurses. The curriculum was designed to provide clarity and understanding to nurses who are new to the field, as well as those with years of experience. This training was designed to prepare staff nurses working on acute psychiatric settings how to recognize patient aggression. This training supports both prevention and intervention, which are the basic components to maintaining safety on the unit.

## Practice-Focused Questions

The staff nurses assigned to work on the acute psychiatric unit at the supporting organization have been injured at the hands of the patients. This issue causes concern as nursing shortages continue to exist. In addition to a decline in the number of nurses

assigned to work on the unit, retention rates are low as well. Without nurses to care for the patients admitted to the unit, patients will have limited access to care.

The project questions were as follows:

1. For the psychiatric mental health nurse working in the acute psychiatric unit treating war veterans, will evidence support the development of an educational effort for early intervention protocols that allows the nurse to recognize aggressive behavior, decrease staff injuries, and increase retention over the years once the DASA tool has been implemented?
2. Will workshops that include hands-on training via role play scenarios assist the registered nurses on the acute psychiatric unit to recognize when a patient is escalating his or her behavior to violence?
3. Will implementation of the DASA tool assist nurses to more accurately predict inpatient violence, thereby decreasing the number of staff injuries and help to improve the level of patient safety on the unit?

The purpose of this project was to develop an evidence-based curriculum that would educate staff nurses on high risk behavior identifiers by way of a workshop. The workshop would afford the nurses an opportunity to learn how to identify patient aggression before actions turn into acts of violence. The curriculum was developed to prepare registered nurses to use the DASA tool indicators in order to make determinations on aggression, as well as acting out behaviors that manifest in the patient population admitted to the unit. The workshop content focuses on six areas, which begins with an in-depth introduction that explains the premise of the tool. Module 2 provides a

comprehensive overview of the Top 5 psychiatric diagnoses of the average patient admitted to the unit, which allows the participants to better understand what type of behaviors they may encounter. Module 3 speaks to the pharmacodynamics of various psychotropic drugs so staff can stay informed or build upon their knowledge base on the medications being administered on the unit. The fourth module includes a discussion on how to implement the DASA tool in the indicators and scoring process. Module 5 addresses the best way to put the DASA tool to work so the nurses can be well versed on procedure prior to putting it to use for themselves and the patients. The last module covers various focus areas as this module tackles the best way to transition to the DASA tool in everyday practice.

This is a developmental project; as such, all interactions, conversations, meetings, and collaborations provided the particulars necessary to broker an interest towards adopting the tool by the facility. With that understanding, the goal of this project was to present a finished product to the partnering facility that will allow the nurses to be trained on improving their abilities to properly use the DASA tool as they work to increase the skill of identifying high risk behaviors that manifest in patients. Any facilitator will be able to use this project to complete the training. In literature on prevention of aggressive behavior, teaching nurses how to recognize high risk behaviors and patient-centered care were the catalysts behind the curriculum development. Because the project follows the DASA tool, the indicators and scoring system will not change. However, the modules and actual roll out of the workshop can be tailored to meet the needs of the organization.

The review of literature and synthesis of the aforementioned findings were used to support the efforts behind the development of the project, Development of Educational Interventions to Improve Aggressive Behavior Recognition for an Acute Psychiatric Setting. All findings from any studies that pertain to this subject matter provided supporting data to the organization and served as a determining factor for adoption.

## Gap in Practice

The gap in practice that exists in the acute psychiatric setting is a lack of practical training. Nurses are not being trained to handle themselves in crises situations when it comes to handling acting out, aggressive, or violent patients. The organization offers the PMDB training, which subsists mainly in theory because the participants are told that the techniques being taught should not be used. Workplace violence, or patient aggression that turns into violence perpetrated by the patient against the nurse, continues to be a problem in the acute psychiatric inpatient setting. In order to properly equip staff nurses with the tools and know how needed to not only ensure the safety of the patient, but themselves as well, they will need to be trained. The purpose of this project was to develop a curriculum that would be used to educate the nurses on how to recognize acting out behaviors before the actions turn into violence. The objective of the project was to design a course that would be adopted and later implemented by nursing leadership at the facility site. The training program offers a tool that would bolster both knowledge and safety, while providing lived experience for the nurses who receive the training as they will be able to gain additional insight into certain patient behaviors.

## Policy Impact

Prior to the development of the project, I brainstormed issues that had come up on the psychiatric unit of the supporting facility. I focused on those concerns that had been troublesome to the majority of the staff on many occasions. The one issue that would come up was that of staff injury. Not only were staff troubled by the amount and level of aggression by patients towards them, they were afraid. After speaking with the leadership team in a series of meetings and e-mail interactions, it became apparent that violence at the hand of the patient towards staff was an issue that needed to be addressed. During these encounters, I learned that there was no code team that could be called upon during those times when staff found themselves in volatile situations with patients. Nurses wanted training that would support efforts to keep the unit (nurse and patient alike) safe.

This issue must be addressed if there is to be a decrease in the number of incidences that result in nurse injury. Patients admitted to the acute psychiatric inpatient unit being evaluated for this project have demonstrated various types of behaviors over the years. They come to the facility acutely ill as far as cognitive impairment is concerned. These patients have the right to be safe during their admission as the primary reason for being there is to receive much needed treatment and care. Staff should expect the same.

Through education and training, staff will be better equipped to recognize aggression before it becomes violent acting out behaviors. The curriculum consisted of fully developed training sessions that can be used by the facility once it is or if adopted at a later date.

## Clinical Practice

As a nurse clinician for the inpatient psychiatric unit, I have been in many meetings with staff and members of the leadership team. The topics vary during these sessions. However, one of the most common topics of discussion that comes up is that of staff injury. Whether addressing nurse retention, customer and staff satisfaction, promotion, pay issues or the like, at the center of it all is staff and the amount of injuries that have occurred on the acute inpatient psychiatric unit. There have been previous attempts to get staff trained to do therapeutic containments, which is usually the precursor to placing a patient in restraints. This tactic is not a viable one because it too has been a source of injury to staff. Staff have complained that when a patient begins to act out, they feel unsupported by their peers and the leadership group. When questioned as to why they feel this way, staff have shared that they feel as though no one wants to assist them because they either do not know what to do or they fear being hurt.

For example, a registered nurse was attempting to give an injection of an antianxiety medication to a patient who had been displaying self-injurious behaviors by head banging on the wall. Staff attempted to redirect the behaviors and was bitten on the face, specifically the cheekbone area. Leadership offered little to no compensation as the staff had to pay out-of-pocket for health care treatments. The staff member was told by the employee health doctor to wash the area and keep an eye on it. The nurse felt as though the area warranted more attention and sought a second opinion. Because the employee health doctor would not sign off on the second opinion, the staff was stuck with the bill from the other provider.

Without knowledge, staff injuries at the hands of the patients will continue. Eventually, recruiting for job openings on the unit will become more difficult as word spreads about the lack of resources and support. Therefore, with the development of the High Risk Identifier training project that uses the DASA tool, once the decision has been made to adopt and implement by the organization, staff will have a way to better handle aggressive patients. Furthermore, leadership will have an understanding of what it takes to keep the milieu therapeutic as fewer staff injuries take place and more patients report feeling safe.

## Sources of Evidence

Once the High Risk Identifier tool has been adopted and implemented by the supporting organization, it will decrease the amount of injuries inflicted upon staff by patients admitted to the inpatient psychiatric unit. The DASA predicted inpatient aggression as Lantta, et al., (2016) explained with continued use of the DASA tool, predictive validity is increased. Patients were supportive in the use of the tool and were engaged enough to detail both strengths and weaknesses of its use (Lantta, et al., 2016). When nurses are better prepared to address acts of aggression, incidences that lead to violence are decreased. If this quality improvement project is implemented at the facility, future examination of the tool and any updates will be necessary to stay abreast of the changes. Just as technology and evidence-based practices transform, the indicators or scoring of the DASA tool may do the same. Therefore, it is imperative that once the project has been adopted and implemented, care is taken to keep it afloat as refresher trainings and updates become necessary.

## Social Change

Keeping patients safe in any type of hospital setting requires knowledge gained through formal education and experience. However, in the psychiatric setting, patients with mental health problems often face widespread health burdens and remain an underserved population because of associated stigmatizations (Raviola, 2017). Additionally, a lack of access to safe and effective services remains a significant barrier to mental health care on many levels (Raviola, 2017). Regardless of technological advances, access to care, a stable economy or any other endeavors set to empower the masses, mental illness will continue to exist. It is of the utmost importance that staff stays current on how to care for those patients who, through no fault of their own, presents a challenge to clinical practice. Nurses must be equipped with knowledge to keep themselves safe on an acute psychiatric unit without falling prey to dangers that may exist. The aim of this project was to ensure that nurses will be able to identify when a patient poses a threat through acting out behaviors. The development of this project will serve to bridge the gaps and decrease nurse vulnerabilities.

## Summary and Conclusion

The curriculum was developed using the DASA tool for which the intervention techniques were based on. There were many steps involved in the development of the project. The first step was to create a project team. In order to acquire buy-in as well as garner an interest, it was of the utmost importance to have key members of the nursing leadership team involved. The first member invited to join was the associate director of patient care services (ADPCS). Having the ADPCS as a project team member increased

the chances that the project would be implemented by the organization as she is the key decision maker for nursing services. Additionally, her presence served to validate the importance of the project. However, the ADPCS was unable to fit this project team into her schedule, but she did send her executive officer in her stead. The other team members were the chief nurse of education and specialty care, staff nurses, a nurse practitioner assigned to the acute psychiatric unit, a unit psychologist, a social worker from the unit, and a nurse manager for mental health. The team was receptive to the premise behind this project. The energy of the team fueled the completion of the project.

## Course Objectives

By the end of this training, participants will be able to

1. Describe the concepts of using DASA items on the patients admitted to the inpatient psychiatric setting
2. Name the Top 5 diagnoses admitted to the inpatient psychiatric unit
3. List and describe the various types of psychotropic drugs to include key points such as uses, indications, dosages, side effects, and contraindications
4. Explain the concepts of the DASA tool in his or her own words'
5. Demonstrate use of the DASA items to score patient behaviors by applying them to scenarios in the Simulation Lab
6. Predict aggressive behaviors in a notably better manner than prior to this training when unaided judgment was used

7. Formulate an individualized care plan based on the initial review of patient behaviors in the Simulation Lab using the DASA tool, as well as update and/or resolve interventions when scores change
8. Determine whether using the DASA tool or continue with current practice would be more appropriate for keeping both patients as well as staff safe in the inpatient psychiatric setting.

## Course Modules

### Module 1:Introduction of the Dynamic-Appraisal of Situational Aggression Tool

This module provides a detailed introduction of the DASA tool based upon the original elements developed by Ogloff and Daffern (2006). The introduction includes the history of the tool, rationale for use, and its uses. There will also be an explanation of how to use the tool. The students will have an outline that details the indicators. Each indicator will be discussed to ensure that everyone understands the various nuances of each. The introduction will serve as the catalyst to introduce concepts as it will only cover the potential for usage and not the actual implementation. The implementation process will be discussed in Module 4. There will also be an overview of qualitative and quantitative data outcomes that speak to the predictive validity of the tool. Information from previous studies will be analyzed to further inform participants as to how the tool has been successful. The role of the nurse and the patient are examined as the IMCHB model is incorporated into the training. The incorporation of the model will serve as a tool to encourage the nurses to not only monitor interactions with patients before, during, and after an acting out episode, but to also detail the elements of each interaction to garner

change in behaviors. Additionally, the nurses will be instructed on how to use data collected from the integration of this model to develop nursing care plans. The ultimate goal will be to use this model in addition to the DASA tool to avoid patient aggression that turns into violence. I stopped reviewing here. Please go through the rest of your section and look for the patterns I pointed out to you. I will now look at Section 4.

This module has a practice session that encourages students to select a partner and to sit together in pairs. The students will be asked to share stories of interactions with patients who behaved aggressively and to describe feelings, vulnerabilities and outcomes. After a few minutes, ask the pairs to share their stories, but only if they feel comfortable doing so. As stories are shared key words and common phrases should be written on the board by the facilitator or participants who volunteer. By doing this exercise participants will be able to recall how they felt during those times when patients demonstrated aggression towards them. The discussion can then lead to personal reflections and things they wish they had done differently. Audience participation will consume more time. However, the class will be more stimulating if participants share stories based upon their lived experiences. These stories and interactions will provide varying perspectives so allow as many as possible, just be sure to keep the interactions flowing so everyone who wants to share will have ample opportunities.

It is the responsibility of the facilitator to place time constraints on sharing. Participants should be giving a set of rules prior to the start of the sharing sessions. Inform participants to speak only when called upon. Let students know that only one person speaks at a time. Lastly, because these types of interactions and story sharing can

bring up raw emotions, be sure to share with students that if at any time they start to feel anxious or distressed that they can excuse themselves from the room and return only once they have regained their composure. Participants can rejoin the discussion once they feel comfortable with doing so. Completion of this module should take approximately 2 to 3 hours depending on the student's willingness to share their individual stories.

Introduction of the Dynamic-Appraisal of Situational Aggression Tool:

- Introduce the DASA tool.
- Review the history of the tool.
- Highlight findings from previous studies.
- Explain how to use the IMCHB model in day-to-day interactions with the patients and how to use outcomes for care planning.
- Group students up into pairs to begin reflection session.

**Module 2. Top 5 Psychiatric Diagnoses Admitted to the Inpatient Psychiatric Unit**

This module will provide textbook definitions of the top 5 psychiatric diagnoses carried by patients admitted to the inpatient psychiatric unit. The rankings will be taken directly from the Department of Veterans Affairs Fiscal Year 2014-2020 Strategic Plan. The Strategic Pan of the Comprehensive Integrated Inpatient Mental Health Program is based on the Key Drivers of the Psychiatric Service of the Veterans Hospital Administration. Conducting a refresher training session on the diseases prescribed to in this source will afford the participants an opportunity to increase their knowledge base as well as service of care levels. Prior to informing students of the diagnoses, students should share in an open forum what they think to top 5 diagnoses admitted to the unit are.

This will provide insight into how students think and feel about patients. The facilitator of the training session will then list the diagnoses in chronological order as the discussion unfolds. If time permits, the facilitator will also share the details of other common psychiatric diagnoses. Thus, participants will be brought up to date on current aspects of the various diagnoses being discussed. Completion of this module should take approximately 2 to 3 hours.

Top 5 Psychiatric Diagnoses Admitted to the Inpatient Psychiatric Unit:

- Students share what they think are the top 5 diagnoses.
- Facilitator lists the top 5 diagnoses.
- Examine the difference between student perspectives of what they thought the top 5 diagnoses were against what they actually are and discuss.
- Provide textbook definitions of the identified diagnoses.
- Explain the manifestations of each diagnosis and how a patient with a particular disease process might present in the milieu.

**Module 3. Pharmacodynamics of Psychotropic Drugs**

This module will provide a comprehensive review of psychotropic drugs to include actions, interactions, dosages, contraindications and side effects. The side effects discussion will include extrapyramidal side effects (EPS). The EPS will be reviewed extensively because some of these may induce, contribute to or closely resemble acting out behaviors to the untrained eye. There will also be a focus review to identify which psychotropic drugs elicit the most severe responses by the patient. The discussion will then focus on those psychotropic medications that are most often prescribed for the unit on

which the participants work. There will be a matching exercise that will assist participants in developing and/or expanding their abilities to recognize trade names while subsequently being able to pair a specific drug to its generic equivalent. The discussion will then focus on how drugs are prescribed for a particular psychiatric diagnosis. After presenting the information in class, once again you can have the students pair off for just a few minutes and allow them to practice matching drugs to diagnoses. Encourage the use of generic names as these are the ones used at the facility. Allow as much time as possible so that they feel comfortable because a large part of preventing acting out behaviors starts with medication administration by staff and compliance of the patient. Completion of this module should take approximately 2 to 3 hours.

Pharmacodynamics of Psychotropic Drugs:

- List and explore the actions, interactions, dosages, contraindications and side effects of psychotropic medications.
- Highlight psychotropic medications that are common to the unit.
- Focus review of EPS and which psychotropic drugs elicit the most severe responses.
- Match tradenames to generic versions of the same medication.
- Group participants together and allow them time to coach one another on their abilities to recognize psychotropic drugs using tradenames and generics.

**Module 4. Implementation of the Dynamic-Appraisal of Situational Aggression tool**

This module delves into the inner workings of the Dynamic-Appraisal of Situational Aggression (DASA) tool. The various features and rationale for using the DASA tool will be revisited. Additionally, participants will be provided with a step-by-

step instructional layout. The focus will center on how to actually use the DASA tool. The participants will be taught how to use the DASA assessment process. Each participant will be given a three-page handout of the actual written description of the DASA tool along with the scoring sheet that was published by the developers of the products. The facilitator will also have the option to project the PowerPoint slides that were developed from the handouts on the overhead projector. Thus, the participants will have a complete breakdown of each line item projected overhead as well as a hardcopy that can be referenced whenever it is needed. The facilitator will provide detailed instructions about each item of the tool and how to score a patient using the indicators. Further clarification can be accomplished by using the case studies created for the workshop. The facilitator will use one of several case studies to score a hypothetical patient. The students will be asked to provide input. Once the scoring is complete there will be an explanation of why the case study patient received the score so students will be able to garner a better understanding. Following a brief discussion, students will be presented with a different case study. They will be asked to work individually to score their theoretical patient from this study. Once everyone is finished, findings will be discussed as a group. Next the participants will be coached on developing their skills on how to conduct a patient interview in order to complete the tool. It is essential that staff is able to establish a therapeutic relationship while using therapeutic communication so they can have meaningful interactions with the patients. To accomplish this, students will also receive handouts on therapeutic communication words and techniques. The facilitator can also present the students with different situations involving patients previously admitted to

the unit as long as names are not used. Another option would be to ask students to categorize the patients using the indicators and then have them explain in detail why they categorized them that way. Completion of this module should take approximately 2 to 3 hours.

Implementation of the Dynamic-Appraisal of Situational Aggression tool:

- Complete explanation of how to use the tool.

  Introduction

  □Why this tool is such a viable tool to use for this population.

  □How this tool has worked in other psychiatric settings.

  □How other psychiatric settings used the tool successfully.

  ■What changes did they observe?

  ■Was there a decrease in the number of patient aggression encounters toward staff?

  DASA Items

  1. Irritability
  2. Impulsivity
  3. Unwillingness to follow instructions
  4. Sensitive to perceived provocation
  5. Easily angered when requests are denied
  6. Negative attitudes
  7. Verbal threats.

  Scoring the DASA

Each item receives a score of 0 if absent or 1 if it is present now or has been present in the last 24 hours. This means that if someone is not currently displaying easy anger upon denied requests, but was earlier, that item should be scored 1.

Please note there is no typical cut-off score for the DASA tool when scoring the patient based upon each indicator. However, during the training it is important to point out to the participants that according to Barry-Walsh, et. al. (2009) in one of the original studies that helped to introduce the tool, “for each increase in DASA total score, there was a 1.77 times increased likelihood that the patient would behave aggressively in the following 24 hours.” This is noteworthy when critically thinking through the process and decisions are being making to score each patient. Additionally, it should be noted that Kaunomäki (2013) used a cut-off score of 4 to identify high-risk individuals. Each of these points should be taken into consideration when deciding on a score.

Once the participants demonstrate understanding of the indicators and how to score a patient, the participants should then be instructed to:

- Review each indicator and provide information on scoring technique.
- Utilizing case studies score hypothetical patients using the indicator.
- Discuss findings as far as why patients received the various scores.
- Examine completed score sheets and exchange ideas on ratings.

**Module 5. Putting the Dynamic-Appraisal of Situational Aggression Tool to Work**

In order to actually put the Dynamic-Appraisal of Situational Aggression (DASA) tool to work, it will require mastery of the modules detailed earlier in the course. Thus it is imperative, that each section is taught in succession as each on expounds on the other. As students garner a better understanding of the purpose of the tool along with its indicators, they will be better prepared to put the process to use. The scenarios will serve as practice sessions prior to implementation of the method in real time. Therefore it is necessary for the course facilitator to tie each discussion taught throughout the workshop to the previous one. It is during this module, module 5, that the facilitator can explain how to use the journals. Once students understand the intended use of the journals, they can be distributed. This would be a great time to use any of the previously discussed case scenarios to document mock encounter sessions in the journals. This action will hopefully provide clarity as far as how to use the journal to successfully document interactions, feelings, outcomes and the like, between staff and patients. Completion of this module should take approximately 2 hours.

Putting the Dynamic-Appraisal of Situational Aggression Tool to Work:

- Review participant understanding and readiness to implement the tool.
  □Successful implementation hinges upon complete understanding.
- Elicit open discussions from participants by asking them how they think successful implementation of the tool would look of they were to implement use of the tool at this very moment.
  □Hearing from the participants will give the facilitator a gauge to measure how well participants understand the concepts of the tool and its actual use.

- Any student still in need of clarity should be offered one-on-one sessions to bring them up to the same level of understanding as the other participants prior to moving on to the next module.

  □It is best to address remediation issues now as opposed to later because once the tool has been completely rolled out it will be put to better use.

  □Proper use of the tool will enhance both patient and staff safety.

**Module 6. How to Transition to the Dynamic-Appraisal of Situational Aggression Tool**

This module addresses the concerns that will undoubtedly crop up amongst participants as they express their reticence to change. Although staff desire a safe place to practice, one that is free of harm for themselves as well as the patients, they are often resist change. This module offers tips by way of open discussion on how transition is best accomplished. The module will provide a list “Do’s and Don’ts” that offer support to participants as the tool is not only adopted, but implemented into practice. Participants will be encouraged to brainstorm possible outcomes related implementation after being placed in small groups. Once the groups have exhausted each and every theoretical possibility, they will be once again given an opportunity to discuss the options with the class. Mulling over each detail may seem mundane at first. However, the goal of this exercise is to bolster confidence levels. Once participants are given a chance to openly share they may begin to feel more confident once they realize others have just as many fears, concerns and ideologies on how to make the tool work as they do. Completion of this module should take approximately 90 minutes.

How to Transition to the Dynamic-Appraisal of Situational Aggression Tool:

During the transition process it is important to:

- Make adjustments on a daily basis that will improve implementation proven strategies in an effort to reduce improper use of the indicators and scoring system
- Empower patients by including them in as many steps in the implementation process as possible.
- Keep patients informed of changes prior to, or right after any adjustments are made.

  □This action will support the concept of patient-centered care. The idea is to reduce anxiety levels and take a more supportive stance by keeping the patient engaged in his or her own levels of care.
- Apply critical reasoning through peer support, open discussion, eliciting feedback and daily huddles.

  □ This action allows for a keener sense of awareness as the tool is being used which will help the participants operate more effectively while preventing harm to patients and staff.

  □Participating in these processes will not only improve outcomes of care for the patient but will support the implementation of the tool as well.

**Module 7. Evaluation and Feedback**

Once each participant has completed this course, they will be asked to complete a post-course survey. The surveys will be anonymous and will elicit responses that will serve to make the course better. The facilitator will use the results to update, change and/or add to information as suggested by participants. Aggregated data will be used by

leadership to determine whether or not they will continue or discontinue the course. The post-course evaluation survey will take approximately 10 minutes to complete.

## Method

During the search for pertinent data, the literature review yielded a large variety of articles which closely pertained to what was put into the search engine. There were many articles on the issue of violence, aggressive behaviors, aggression in the mental health setting, acting out behaviors and the like. These search terms were used because I was searching for articles with studies that pertained to these various subjects.

The literature review and search for evidence-based literature was conducted electronically through online journals, articles and professional websites. The Walden library was extensively used to conduct many of these searches as well. The Walden library was used to explore myriad nursing, mental health and health related databases as mentioned previously, via the following electronic databases: CINAHL, EBSCO, PubMed, Medline, Cochrane Library and Ovid. As stated above, I found a multitude of articles that spoke to violence in the mental health setting. What I did not find was a great deal of articles that addressed how to prevent or rather decrease the likelihood of violence perpetrated against the nurse at the hand of the patient. Unfortunately, this area created many hours of anxiety as I continued to be met with obstacles. Once I found one article that pertained to what I was searching for, I began to use each article as a reference for the next. While I was searching the goal was to focus on only those articles that addressed the topic of my project. When I needed ancillary information, I either completed random

searches or went back to the original methods. By doing this I was able to extrapolate information that offered relevant information and supported my project.

These searches were made with the goal of only finding and using articles that were no older than 10 years. Those articles that were older than 10 years were reviewed for accuracy, consistency and relevance and then discarded, with the exception of the original article authored by the creators of the DASA tool. The only reason for discarding the older articles was to ensure the informational sources that were used contained current information. However, many of the older articles provided sound clarification as far as the best approaches to take for the project. Furthermore, if there were any instances that an article was used that was older than 10 years it was because the original work related to the subject matter and was necessary for the clarification of the concepts used to develop the project as was the case when I found the article that detailed the information that was needed for the DASA tool. The terms that were used for the search were: violence, workplace, mental illness, acting out, aggressive behaviors, therapeutic containment, code team and restraints. I reviewed each article with the goal of keeping rather than eliminating them as I was searching for as much clarification as possible. I wanted to be able to fully understand the DASA tool since I was using it as the basis of my project. If an article mentioned the DASA tool, I examined it further. I graded each article according to how much detail it provided about the DASA tool. If an article provided just as much or more information than the original DASA tool article I gave it a satisfactory rating. I graded the content on a scale of 1 to 5 with 5 being the highest as far as details about the DASA tool were concerned. Each article that met this criteria (the article needed to be

rated atleast a 3 to be included) was kept and referenced for the project. If an article mentioned the DASA tool but did not provide exemplars it was given a rating of 1 or 2. An article that was rated between 1 and 2 was deemed unsatisfactory and was not included in the literature review.

A Boolean search was also conducted using "and" and "or" which resulted in a larger selection of articles to choose from. In addition to the literature review, all required forms have been submitted to the Institutional Review Board (IRB) at Walden University for approval prior to completing the developmental portion of this project. Once approval was granted by the IRB at Walden University, I was able to move the project forward to the next phase which involved collaborating with the team in an effort to work on the anticipated implementation and evaluation plan for the supporting organization.

There were many articles on mental health and mental illness. As I narrowed the search down, I was able to find lots of articles that spoke to the patient population and how violent tendenicies, mainly aggressive behaviors against staff at the hands of patients was the topic. In an effort to discern between what was relevant and that which was not, I used the 10-step guide by Young & Solomon (2009) to critically appraise the articles. According to Young & Solomon (2009) "critical appraisal is a systematic process used to identify the strengths and weaknesses of a research article in order to assess the usefulness and validity of research findings". The key components of this 10-step process includes evaluating the appropriateness of the study design for the research questions, ascertaining the suitability of the statistical methods used and the relevance of the research to one's own practice (Young & Solomon, 2009). The questions that make up the appraisal

process can assist you with your abilities in being able to identify the most relevant, high-quality studies that are available to guide clinical practice (Young & Solomon, 2009).

The first step in the 10-step process was to ask "Is the study question relevant?" I found that I was able to disregard many articles based on the study questions. Because the topic of my project in my opinion was quite relevant and important to the acute psychiatric setting, I naturally leaned towards articles that asked the same type of questions. I wanted to know what was being done in psychiatric settings to thwart violence that was being perpetrated at the hands of the patient. I wanted articles that would not only provide information about the topic of violence and prevention, but those that would offer solutions. Asking this question was what led me to finding augmented material for the DASA tool. I continued to narrow my search down to the point of asking for a tool that could teach patients how to be safe from violence while working on acute psychiatric units. Once I ran across one article on the subject, many more followed. I would always refer back to the examination of the study question to ensure its relevance. As long as the study asked questions that were similar to what I was searching for, it was included.

The next question was "Does the study add anything new?" I was able to actually find the DASA tool by searching the literature with this question in mind. When I ran across the article that introduced the DASA tool, I was able to definitively proclaim that this particular editorial by Ogloff & Daffern (2006) added something or rather had the potential to add something new to my clinical practice. Not only did it add to my clinical practice, but it did so in a major way. I found this article to be essential as it became the crux of my project. I was floundering and somewhat uncertain as to which direction I was

going to take with my project until I discovered this article. This article shared the details of the DASA tool and it was exactly what I needed to complete my work. I found support for my research questions as well as the background for the development of the workshop curriculum. The next question queried to transcribe the literature into the project was "What type of research question is being asked?" As I reviewed various articles, I included this question because I was searching for research that spoke to lived-experiences. Not only did I want to know how the DASA tool worked, but I also wanted to read about successful outcomes. I wanted to examine how well the tool worked to decrease violence against nurses in other settings before I went to the leadership team to sell the project. I found several articles that made some great claims. One article in particular shared how patient violence against nurses had decreased to zero occurrences over a 6-month period after the DASA tool had been implemented. This information provide me with sound data to take back to the stakeholders.

The next question asked "Was the study design appropriate for the research question?" I would take this question into consideration each time I came across one that addressed ways to decrease staff violence at the hands of the patient. Those articles that asked questions similar to what I wanted to know were included. There were also articles that asked the appropriate question, but did not provide the supporting data or findings. Only those articles that discussed how the DASA tool was implemented and evaluated, whether there was a good outcome or bad, were included. Although I wanted to know that the DASA tool was working well each and everytime, I did not want to only see things one dimensionally. After reading these articles, I was then able to gather information as to

why the tool did not work so I could change things up when I began developing the curriculum.

When examining the next question "Did the study methods address the most important potential sources of bias?" I found that as with most studies the notion of bias was discussed. The Ogloff & Daffern (2006) article did not discuss bias because it was an informational piece. This particular article was written to simply introduce or rather explain the concept of the DASA tool. I really did not have any qualms that my articles supported and addressed any potential for bias, so I did not belabor this point.

After noting whether or not biases were addressed in the articles, I moved on to the succeeding question "Was the study performed according to the original protocol?" I took into consideration the point made by Young & Solomon (2009) that deviations from the original protocols of a study can affect validity. Thus, I spent a great deal of time appraising this point. I wanted assurances that once I introduced the DASA tool to the supporting organization that it would be as close to flawless as possible. I wanted to make sure that the tool could not be picked apart and that everyone would be completely satisfied with its use. I then selected the articles that used the tool in the exact manner in which it was intended. I also examined the findings so that I could at peace knowing that the results were of an altruistic nature.

The question that probed "Does the study test a stated hypotheses?" was one that could be easily answered as I would select an article to review based upon whether or not the stated hypotheses delved into examining what I was attempting to assess. All articles that included similar hypotheses to those of my project questions were included. The

subsequent question “Were statistical analyses performed correctly?” was not considered when I chose to include or exclude an article. I read the aggregated data in the quanitative studies and I was excited when the end results were positive. However, because I am not a statistician I did not challenge the data nor did I make any attempts to make sure the statistical analyses of the data were correct. I was comfortable with how the “Method” sections explained the tools that were used in the statistical analysis and the rationales (Young & Solomon, 2009).

Reviewing the question that asked “Do the data justify the conclusions?” was a simple task because as I stated earlier, I included articles that contained both positive outcomes as well as negative. I did not want to cherry pick my information. I wante a sound product when I completed my project, but I also wanted to be completely aware of any concerns. I found that each of the articles selected met this criteria. In one particular article, the authors pointed out that the study size was too small and did not lend itself well to the use of the tool. The authors then went on to explain that if more participants are included, better outcomes could be achieved. I selected or rather included this article in my literature appraisal because it provided me with information that could be used to improve my project from the start as opposed to demonstrating the same miscalculation in judgement.

Lastly, the question “Are there any conflicts of interest?” was one that bore no concern because of the types of studies I found to review. The one or two studies that I came across that had the potential for conflicts of interest, addressed such in the study through disclaimers. I decided that the factors did not influence the validity of the study’s

usefulness as far as what I was searching for so I did not include nor did I exclude a study for this reason. By using this 10 question process I was able to ascertain the strengths and weaknesses of the research studies that I discovered during the literature review process. I found that the process enabled me to assess whether the findings from the studies were trustworthy. Lastly, I was able to realize the importance of the research to the staff nurses and the patient population on the acute psychiatric unit of the supporting organization as well as relevance to clinical practice.

**Develop an Implementation Plan**

Development of the implementation plan was accomplished with collaborative efforts between the team leader and DNP student. The implementation plan was developed and will be used to encourage the launching of the High Risk Identifier Training program. The supporting organization and the various members of the team also provided input. The basic components of the program were reviewed by the team as well and a tentative plan for implementation was devised. The supporting organization expressed wanting to adopt and implement the training workshop in hopes of decreasing staff injuries by patients. The main delay in the move toward implementation is and continues to be time constraints as various members of the team had to split their energies amongst competing obligations.

The purpose of this project was to develop an evidence based, theory supported project along with an implementation and evaluation plan (*High Risk Identifiers Training*) that can be used by the facility to train registered nurses who work on acute psychiatric units on how to identify patients who are highly likely to commit acts of violence against

them. The project objective was to design the entire curriculum that would be later adopted by the facility and implemented. In this section, an outline of the various processes that were utilized as the development of the curriculum design came to fruition are detailed. The steps that were used are as follows:

1. Assemble a project team
2. Review of the related literature, as well as the pertinent evidence and resources that supports the curriculum design
3. Develop course materials that will be the make-up of the curriculum used for implementation
4. Develop an implementation plan
5. Develop an evaluation plan

## Assemble a Project Team

During the conception phase of the project the leadership team was informed and kept abreast of the initiation of the project. The next step was to identify all stakeholders. The stakeholders were selected according to their desire to effect change, begin process evaluation, their knowledge, expertise and interest in prevention of identified behaviors. Stakeholder involvement is needed to get the program up and running as buy-in will serve to legitimize future efforts. According to Compas, Hopkins, and Townsley (2008) it is best to establish your stakeholders at the beginning of the study (pg. 212). Identifying stakeholders early on as the program is launched serves to identify issues that need to be improved upon (Compas, Hopkins & Townsley, 2008, pg. 212). High risk identifiers have

served to decrease the likelihood that a staff nurse will be injured. Additionally, patients will have their dignity preserved. Team members for this project were:

1. DNP student and developer of the project will function as the facilitator.
2. Staff nurses
3. Nurse practitioners who treat patients on the acute psychiatric unit.
4. Psychologists and psychiatrists working on the unit and are familiar with the various admitting diagnoses.
5. Social workers assigned to the patients on the acute psychiatric unit.
6. Chief of Psychiatry who is the lead psychiatric for the acute psychiatric unit.
7. Associate Director of Patient Care Services, who is ultimately responsible for all of the nursing staff working for the facility.
8. Chief Nurse of Education and Specialty Services who is responsible for the acute psychiatric unit.
9. The nurse managers for the acute psychiatric unit who will play a pivotal role in ensuring the nurses are able to attend the training and provide input regarding the patient population.

Once the team completed the review, they also provided feedback. These components are detailed below:

**Initial Project**

1. The nurses will receive training on how to identify high risk patients. As part of the training, the nurses will participate in role play. One nurse will play the role of the patient while another nurse stands in and enacts the role of the nurse.
2. The interaction between the participants during role play will be observed. In addition to observation, interviews will be conducted via individual face-to-face conversations and focus groups.
3. These interviews will serve to gather insight from the nurses that detail how they feel the training went, lessons learned and recommendations. Additionally, a document review will be completed. This data collection method will involve a review of the journals kept by the nurses and patient charts. The final collection method will be to complete an examination of the data gathered by all interactions between the nurses during role play and the completed surveys.
4. The challenges that may be encountered during this process includes incomplete journals, the mix of patients on the unit and no actual incidents of acting out events during the evaluation period. The nurses will be asked to complete journals after each interaction involving, acts of aggression, as well as verbal or physical abuse following the training. Journaling presents a challenge because the nurses may not complete their log entries for various reasons unrelated to the process. The alternative to this problem would be to meet with the nurses on a one-on-one basis to gather the information that may have been missed. Another problem may be the mix of patients.

**Expanded Implementation**

1. Because there may be patients on the unit with diagnoses that place them at low risk for acting out behavior, the nurses may not be able to use the skills learned from the training during the evaluation period. Thus, the solution to this problem is to continue to utilize role play.
2. The Simulation lab may also be used to run mental health scenarios. Ultimately, the goal is that there will be no incidences that cause injuries to staff nurses as a result of patient violence. However, no episodes present a challenge as there will be no event to evaluate. Therefore, as stated above, simulation and role play will be substituted for human behavior.
3. Distrust and fear of uncertainty in the process will be addressed during the weekly, then monthly committee meetings.

## Anticipated Population and Sampling

The proposed anticipated total population of the study once adopted and implemented should be the entire staff working on acute psychiatric units within the supporting organization. It is anticipated that once the training is complete, each day during the morning group, admissions, interdisciplinary team meetings and the wrap-up group, the staff nurses will make contact with the patient and include them in the DASA tool scoring process. It is anticipated that convenience sampling would include all staff nurses who completed and fully understand the information taught during the workshop. Because simple random sampling would be the most feasible type of sampling to use for the patient population where behaviors cannot be predicted, it is anticipated that the facility will use this type for future studies. Inclusion data in this project would be the use

of the DASA indicators along with scoring, the nurses who completed and fully understand the training provided by the workshop, and the patients who wish to participate. Exclusion data would be the nurses who did not attend the training, those who did not complete the training, those who do not have a full understanding of the training provided by the workshop and those patients who did not wish to participate.

## Data Collection

The data collection process will be left up to the supporting organization once a decision has been made to adopt, implement and evaluate the project. However, recommendations have been made during the collaboration sessions with the team. The team discussed and agreed the data would be collected via observation, recording in the journals and conducting face-to-face interviews. Each of these methods essentially overlaps as one thing will feed off of the other. The nurses will observe the behaviors that manifest in the patient. The score from the DASA tool scoring for that particular day will be factored in and discussions will ensue as to the accuracy or inaccuracy of the outcome.

## Instrument

At the end of the workshop, each participant will be given a post-workshop survey to complete. The survey will be completed by hand and turned in to the facilitator upon completion. The survey will be anonymous. However, if the participant would like to include any demographics they may do so based upon their comfort level. The survey will include multiple-choice questions that list a selection of options. There will also be some questions that allow the participants to write in their response. There will be spaces that offer plenty of room for writing in details. It will be explained to the participants that

surveys will simply be used to make improvements so that future training sessions can be made even better.

## Review Pertinent Evidence, Resources, and Literature

There are many elements that make up the design of a program. One element in particular is to ensure that the program will provide a service to the identified population. The program components were presented to the team during a formal meeting. The team was invited to the meeting via email. The meeting was scheduled for 0730 so that night shift nurses and morning nurses could attend. It was during these sessions that the program components were detailed. A poster board presentation outlined the various aspects of the DASA tool, while a verbal briefing provided the importance of adopting the tool. Mentally ill patients who have the propensity to commit violent acts are growing in numbers (Duxbury et al., 2008). As the numbers increase, it is important to address the behaviors that make the acute psychiatric setting unsafe in an effort to curtail injuries.

Another element would be to provide training and education to the staff nurses who care for said patients. As previously stated, a gap in practice definitely exists and the project workshop will serve as the perfect tool to address this concern. If nurses working in this setting are going to protect themselves against acting out patient behaviors, they have to be knowledgeable about the subject. They must be aware of how the aftermath of patient aggression that turns into violence would look. As the program was being developed, various components were considered. The elements that were examined included such things like, length of the program, skills training, education, and stakeholder involvement to name a few. Once the mission statement, goals and objectives were

developed, proposed strategies for implementing the activities were explored. A Logic Model was used to serve as the catalyst for describing the activities of the project and the relationships with the theoretical foundation, goals, and objectives (Hodges & Videto, 2011, pg. 121). Some stakeholders expressed the need to be informed of each step as the project progressed. The goal of a logic model is to provide the general principles for guiding program planning (Hodges & Videto, 2011, pg. 124). During the planning stages members wanted to be notified well in advance when meetings would take place so a desk calendar could be created. A simple logic model that was developed specifically for the High Risk Identifiers Project is provided in Figure 3.

**High Risk Identifiers Program Logic Model**

| | | | |
|---|---|---|---|
| Mission Statement | To ensure a safe environment in an acute psychiatric setting that fosters fewer acts of violence against staff nurses while performing the duties of their job and safety assurances for the patients for whom they provide care. | | |
| Goal | To ensure that staff nurses working on acute psychiatric units who have the potential for being injured are able to be free from harm at the hands of high risk patients. | | |
| Population(s) of Interest | Staff Nurses working in the acute psychiatric setting | Patients admitted to acute psychiatric units | |
| Objectives | To reduce the incidence of acting out behaviors in acute psychiatric settings. | To develop a way to recognize high risk patients in the acute psychiatric setting. | To reduce staff nurse injuries and increase patient safety. |
| Activities | Schedule a series of committee meetings to discuss protocols, procedures and ethical concerns related to the training program. | Interview the staff nurses who work on the acute psychiatric unit. Due date: October 12, 2016. | |
| | Provide journals to the staff nurses who agree to participate in the workshop. Due date: October 19, 2016. | Screen the electronic medical records for all patients admitted to the acute psychiatric unit. Due date: October 26, 2016. | |

*Figure 3*. Logic model for the high risk identifiers project

# Development of High Risk Identifier Training Program

## Curriculum Development

The proposed intervention is aimed at developing a curriculum with the team that will support the efforts to identify patients who pose a high propensity towards committing violent acts against nurses. Input, ideas and suggestions will be elicited from the team. The program will then be designed utilizing data that has been agreed upon by the team. The nurses will be provided with refresher training that will update them on various aspects of mental disorders. The nurses will then be educated on how to complete chart reviews so the key patients can be identified. Utilizing the DASA model, the nurses will be taught how to draw on specific knowledge of the patient to effectively intervene.

## Educational Delivery Modalities

Once the curriculum has been developed and approved by the team, the DNP student will conduct in-services, workshops and role play to provide the necessary training. The nurses who attend the workshops will be provided with journals that are to be used as they detail the various interactions between themselves and the patients. The journals will be used to offer supporting data for lived-experiences of interactions between staff nurses and participating patients.

# Development of Evaluation Plan

The main focus of program evaluation is providing feedback on results, accomplishments, outcomes and effectiveness (Kettner, Moroney & Martin, 2014, pg. 231). The plan is to work on the development of an evaluation plan with the team. The team will continue to meet to discuss how best to accomplish this goal. The initial

meetings were held weekly in an effort to establish a strong evaluation tool. Once the tool has been put into place, the meetings will be pushed back to once a month. A summative evaluation will be used to analyze the program objectives after the implementation phase of the project is complete. As part of the evaluation process demographics of the participants will be collected. The demographics will include age of the nurses as well as sex, level of education, degree type, length of time on the unit, and skill level. It is important to note, the evaluation process will involve analyzing the understanding of the nurses not the patients. As far as an evaluation of the journals is concerned, the recommendation is that this will be a long term goal of the organization. It will be proposed that the journals be used to provide data that can help the organization make a determination as to whether or not High Risk Identifier training should be done yearly. The evaluation will measure whether or not the goals of the project questions have been reached.

For the psychiatric mental health nurse working in the acute psychiatric unit treating war veterans, will education on early intervention protocols that allows the nurse to recognize aggressive behavior, decrease staff injuries and increase retention over a three month period? The proposal is that nurses will be able to recognize the diagnoses that carry the highest propensity for violence during role play. The nurses will be exposed to a series of scenarios and will be asked to identify diagnoses that fit into the high risk category. The nurses will then be debriefed on how well they did.

Will workshops that include hands on training via role play scenarios assist the registered nurses on the acute psychiatric unit how to recognize when a patient is ramping

up his or her behavior to violence? With the intention of being able to evaluate the understanding of preventive techniques that decrease acting out behaviors and enable immediate intervention, the nurses will participate in simulation. The nurses will cycle through various simulations in the Simulation Lab that involve mock interactions with high risk patients. As the nurses interact to the various simulated patient encounters, they will be evaluated on their performance and once again debriefed. The nurses who do not do well during simulation will be cycled back through as often as needed to demonstrate a positive outcome.

Will implementation of the DASA scale assist nurses to more accurately predict inpatient violence thereby decreasing the number of staff injuries and help to improve the level of patient safety on the unit? In order to describe an unsafe environment and make determinations on ways to establish safer surroundings, the nurses will complete a self-assessment questionnaire (SAQ). The SAQ will help to build the confidence of the nurses as there will be a class discussion to get the nurses to share their strengths. Because the workshop will be offered to nurses with varying backgrounds it is important to gauge what they already know against what they do not know. There are some nurses who have years of experience as mental health nurses and other who have very little. The SAQ will draw the nurses with little experience out, so they can be offered additional support throughout the training. This evaluation strategy will consist of a pre and post SAQ. The SAQ will gauge the knowledge levels of the nurses before and after implementation of the project. Through a series of questions it will be determined whether or not the nurses knew more

prior to the training or after. The nurses will be asked questions like the ones found in figure 4.

1) A 41-year-old man with Schizophrenia, Paranoid type was admitted
to an acute psychiatric unit with a 12-hour history of hallucinations, insomnia
and confusion. He had recently been found to have delusions of grandeur and hyper-religiosity. The patient has not taken his medication for the last 15 days as reported by his wife who has accompanied him to the unit to provide a general history. On examination, he had a temperature of 36.9°C, pulse 120 bpm and irregular, and blood pressure (BP) 180/100 mmHg. Patient is easily agitated and unresponsive to redirection. What is the most appropriate next step in his management?
(a) Medicate patient immediately.
(b) Attempt to establish rapport at this time so patient will gain your trust.
(c) Reduce environmental stimuli by using short closed ended statements.

2) A patient has been on the acute psychiatric unit for 2 days with a diagnosis of Bipolar Disorder Type 2. The patient has been intrusive, manipulated and demanding. The staff has attempted to set limits on behaviors, but the patient has not responded. What are some of the characteristics of this diagnosis that should places this patient in the high risk for aggressive behavior category?
(a) Quiet and depressed.
(b) Manic, intrusive thoughts, poor impulse control, inability to focus, short, intact thought process that moves too fast to be effective.
(c) Mild anxiety and the inability to focus.

*Figure 4*. Self-assessment questionnaire

Lastly, to evaluate the overall measurement of opinions about experience as well as contributing factors of knowledge gained from the training, a Likert scale survey will be issued. The scale will be developed utilizing input from the team. However, the scale will be developed at a later date, after the tool has been adopted and just before the implementation is complete. Additionally, the team will be asked to provide feedback on the aggregated data once it is collected. Ideally, this tool will elicit feelings about interactions. The goal is that the tool will serve to pinpoint how nurses felt during

attempts made to establish rapport with a patient identified as high risk prior to as well as after the training. The Likert scale will also provide data for measuring whether or not the project objectives have been reached via self-analysis.

The entire evaluation process will take approximately 3 months. The first step in evaluation is to engage stakeholders (Hodges & Videto, 2013, pg. 210). The time allotted for this step will be approximately 30 days. At this time, the target audience will be identified. This should be the first step implemented at the beginning of the process. Once the program has been described, those individuals who will be involved as well as affected by the training will be invited to participate as the program is evaluated to determine its effectiveness. A logic model will be drawn up and completed over yet another 30 day period and will serve as a visual aid of the program details. The logic model will be presented at the first meeting so the members will be able to gather understanding of the evaluation from its use. Over the next 30 days, a series of meetings will take place. This 30 day time frame will allot enough time for meeting with each participant since some of them work different shifts. Over the next couple of months that follow additional training will take place and findings will be reported to leadership. During the leadership briefing, conclusions will be justified. This step also entails sharing lessons learned so the identified issues will not be repeated.

## Summary

Development of a curriculum that educates staff on proper use of DASA indicators which allows identification of high risk behaviors in the acute psychiatric setting will decrease staff injury. Additionally, identifying high risk behaviors in the acute psychiatric

setting is an essential aspect of nursing in order to increase patient safety. Such issues are considered to be quite relevant, thus warranting the need for further examination. These concerns can be addressed through various interventions. The High Risk Identifier Training program is one way of tackling this issue. This section of the proposal provided details on project development, a plan for implementation as well as evaluation once adopted by the facility.

# Section 4: Findings and Recommendations

## Introduction

The nurses working in the acute psychiatric setting at the supporting organization have been dealing with staff nurse injuries at the hands of patients. The concern has been the lack of training. Nurses have attended PMDB training taught by the facility. However, this training does little to offer support for the nurse when faced with the prospect of talking an aggressive patient down or rather redirecting behaviors before said actions turn into violence. Nurses who attend the PMDB training shared how they learned about precipitating factors, prevention, and therapeutic containment. Once the class is over, nurses reported that they were told not to use the training on the units because it should only be done by a code team. The problem with using a code team to deal with patient aggression is that there is no trained code team within the facility.

## Findings and Implications

High risk behavior identification bridges the gap between mental illness and violence. Singh (2010) concluded that the mentally ill are far more likely to be violent than the nonmentally ill, especially when exploring the general population. The mentally ill patient is more prone to violence than individuals living in the general population (Singh, 2010). However, what remains unclear is the extent of this greater risk and how much it is modifiable or preventable, which is where high risk identifier training becomes crucial (Singh, 2010). While completing a literature search, I found that there has not been studies on the relationship between mental illness and violence.

Scholars have demonstrated correlations between mental illness diagnoses and violence, substance abuse and aggression, and stigmas that exist among the mentally ill population; however, few speak to prevention of aggressive behaviors. Additionally, the supporting organization admits a lack of preparedness when it comes to addressing the prevention of violent patient attacks on staff nurses. It is imperative that the focus shifts in this direction. Staff nurses are being harmed by patients in the midst of nursing shortages, low retention rates, and deficits in the levels of access to care. Considerations should be made as to which subgroups of patients with mental illness carry more risk of violence than others (Singh, 2010). There must be a better way to predict violent behaviors in the mentally ill patient in order to decrease injury to staff.

## Recommendations

The project is vital for nurses working in acute psychiatric settings if they are to be able to gain a better understanding of how to recognize and decrease patient violence against them. The project will enable staff nurses to score patient behaviors using the indicators and scoring system of the DASA tool to predict violent tendencies in patients. Thus, adopting the project, implementing it, and doing an evaluation at a later date are a must. This project includes the use of the theoretical framework of the IMCHB, which serves to make determinations on health outcomes of patient care (Wagner et l., 2011).

This developmental project has not been implemented yet. However, the goal is that the supporting organization will adopt the project and implement it at a later date because it does offer the acute psychiatric team such a tool. After successful implementation, the facility can then review the evaluation outcome to make

determinations on whether or not they need to make adjustments to the training. Future scholars could focus on use of new and improved psychotropic medications as they come on the market and changes in the types of diagnoses as patients admitted to the unit get sicker or healthier. Additionally, the method of delivery may be modified to ensure more nurses are trained for the first time, as well as on an annual basis. The evaluation process needs to be continuation as evidence-based practices change often. Therefore, the supporting organization must commit to ensuring that the evaluation process is ongoing and continuous.

## Contribution of the Doctoral Project Team

Working with the doctoral project team was not as easy as I had anticipated. I found that there were team members who showed a general disinterest in the project and some who were overzealous. The former team members would show up late to meetings or they simply would not show up at all. Because this was a voluntary endeavor, I was not able to make the meetings mandatory. I was able to get the less motivated participants to stay on track by bringing food, drinks, and various other snack items to the meetings. Once the word got out that there were treats at the meetings, attendance picked up.

For the most part, they nurses liked the idea of the training via the project workshop. In my opinion, they did not want to be a part of the decision-making process. The only individual who took an active role was the one staff nurse from the unit. She was eager to get the project underway. She assisted in the brainstorming process for the development of the modules. This individual would take on tasks and would follow through with what she promised. This particular nurse shared with me the types of things

other nurses on the floor expressed deficits in as far as their psychiatric training background. This input helped me to put the modules together in a way that would benefit the nurses. The other team members come to the meetings and listen. Every now and then, I would get a comment or some other forms of input from them.

The supporting organization is excited about the raw data that were shared with them as far as successful outcomes from other implementations of the DASA tool. This is what fueled the team to continue discussions. The stakeholders involved would like to see the tool being used throughout the organization. The consensus was that all patients could benefit from this tool. The nurses could use it upon admission and whenever they noted changes in mentation. The project has not been adopted, but I am certain that once adopted, the supporting organization will use the project workshop to ensure nurses receive proper training on their use of the DASA tool.

## Strength and Limitations of the Project

The project is designed to be set up in in a manner that allows for face-to-face interactions that incorporate audience participation, role play, and simulation. Future project strengths will be based upon adoption by the supporting organization. The project could continue to be offered as workshops wherein the training will be interactive. The facilitator can include updates, make changes for the better, and allow input from the postworkshop surveys. Lastly, if the facility prefers to do so, the training could be held in an electronic format that would have participants view the material online and the training could be self-paced.

Limitations would include the fact that patients may not present with violent behaviors. There are no guarantees that each nurse will be able to actually interact with a patient who scores high in order to demonstrate success in redirecting aggression. Because of the mix of psychiatric diagnoses admitted to the unit, months could go by before a patient presents who has a propensity towards violence. Therefore, nurses will need to attend additional training to keep knowledge levels of the DASA tool intact. The supporting organization will need to commit to both training and retraining of the staff to ensure they stay properly trained to deal with aggression levels from the patients whenever this type of behavior presents.

# Section 5: Dissemination Plan

This section includes background information of the project. This developmental project was the basis for a training workshop that was designed to train staff nurses on how to recognize aggressive behaviors in patients in acute psychiatric settings before actions turn into violence. Future project strengths are detailed in this section as they relate to future adoption by the supporting organization, as well as implementation and evaluation. Lastly, there will be an outline of the dissemination plan, PowerPoint slide presentation, and poster board marketing of the project in hopes that the work will be picked up for use at a later date.

## Dissemination Plan

The final stage of the project is dissemination. I will disseminate this project to the facility experiencing patient aggression towards staff nurses to encourage adoption, implementation, and evaluation. The best way to market the project will be to do a poster board presentation that will be geared towards the organization adopting the project as a marketing tool. Additionally, there will be a PowerPoint slide presentation that will outline the basics of the project. The plan is to generate interest and keep the leadership engrossed through continued contact in various formats.

## Poster Board and PowerPoint Presentations

For dissemination of this developmental project, a poster board presentation will be the main tool. Christenbery (2013) explained that poster presentations at are an excellent way for DNP students to successfully share the results of their scholarly projects. It is best to emphasize a consistent message, maintain a clear focus, ensure a logical

format, and try to make sure the presentation is esthetically pleasing (Christenberry, 2013). Lastly, the presentation should be based on the scholarly paper content (Christenberry, 2013). Designed to tell the story of the developmental project and to market the tool, the poster will be done in large, eye-catching font with bright colors in the background. The poster board will be displayed in the breakroom where the staff nurses eat and spend their downtime. This will be an ideal setting because while staff is in the breakroom eating or lounging around, they can read about the project presented via the poster story board as the bright colors are there to attract their eye. The entire DASA tool will be mapped out on the poster board, along with a broad spectrum review of the concept. The staff will gain exposure to the information, and they can start to begin thinking about the workings of the instrument. Additionally, there will be a PowerPoint slide presentation that will be sent out via an e-mail blast to the leadership team and any other stakeholders. The e-mail will include an explanation of the purpose, goals, and potential outcomes of the project. The PowerPoint slides will be included as an attachment and will detail the actual DASA tool.

## Analysis of Self

I never thought I would be one of the many nurses pursuing a DNP degree. Once I completed the master's of science in nursing degree, I thought I was done. Nevertheless, I began to grow restless and found that I was searching for more. I wanted a seat at the table. I wanted more respect. I figured the DNP would support me as I ventured into unknown territories. The DNP degree is a degree designed for those seeking a terminal degree in nursing practice and offers an alternative to research-focused

doctoral programs (American Association of Colleges of Nurses [AACN], 2016). The DNP-prepared nurse will be better equipped to fully implement the science developed by nurse researchers (AACN, 2016). I come to the end of this journey feeling well prepared to do these things. I knew I wanted to stay within the clinical aspects of nursing. I begged people to never say the word research to me. I wanted to see the unit nurse work smarter not harder. I wanted to see improvements in nursing care. I wanted to affect greater change for not only the patients admitted on the acute psychiatric unit, but the nurses working in that setting as well. It is my hope that I was able to accomplish just that. Based upon, the feedback and excitement that was generated during meetings with the team, I believe I provided a tool that will support my intentions.

**Summary**

The high risk identifier project was developed to educate staff nurses on how to recognize and better understand aggressive behaviors before the patient lashes out at staff in a violent manner. Unfortunately, the unit has lost yet another nurse. This particular nurse has decided to leave the unit because he expresses feeling unsafe. He was doing routine safety checks on the unit, when a patient punched him in the face. The incident was unprevoked and unforeseen. The organization cannot afford to continue to lose nurses in this manner, especially male nurses, as male nurses are relied upon to be a show of force on the unit. With the successful implementation of this project, nurses should be able to recognize when a patient has the potential to aggressively act out. It is because of the DASA tool that predictive behaviors are helping to decrease the number of staff being harmed at the hands of patients (Ogloff & Daffern, 2006). This quality improvement

project was developed to offer the support needed by staff nurses. Using the IMCHB framework staff will be able to better understand the population they serve. Mental illness and psychiatric settings continue to carry with them certain stigmas that cause many to be reluctant to work on such units. One way to reduce the reticence is to decrease the number of hesitancies by eliminating one of the troubling factors, which is that of violence. The developmental project was designed to do just that. Once it has been adopted and properly implemented, I feel that the number of injuries occurring on the acute psychiatric setting for the participating organization will decrease.

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# Appendix A: Preceptor Workshop Curriculum

**Course Modules:**

**Module 1. Introduction of the Dynamic-Appraisal of Situational Aggression Tool**

This module provides a detailed introduction of the Dynamic-Appraisal of Situational Aggression (DASA) tool based upon the original elements developed by Ogloff & Daffern (2006). The introduction includes the history of the tool, rationale for use and its uses. There will also be an explanation of how to use the tool. The students will have an outline that details the indicators. Each indicator will be discussed to ensure everyone understands the various nuances of each. The introduction will serve as the catalyst to simply introduce concepts as it will only cover the potential for usage and not the actual implementation. The implementation process will be discussed in module 4. There will also be an overview of qualitative and quantitative data outcomes that speak to the predictive validity of the tool. Information from previous studies will be analyzed to further inform participants as to how the tool has been successful. The role of the nurse and the patient are examined as the IMCHB model is incorporated into the training. The incorporation of the model will serve as a tool to encourage the nurses to not only monitor interactions with patients before, during and after an acting out episode, but to also detail the elements of each interaction to garner change in behaviors. Additionally, the nurses will be instructed on how to use data collected from the integration of this model to develop nursing care plans. The ultimate goal will be to use this model in addition to the DASA tool to avoid patient aggression that turns into violence.

This module has a practice session that encourages students to select a partner and to sit together in pairs. The students will be asked to share stories of interactions with patients who behaved aggressively and to describe feelings, vulnerabilities and outcomes. After a few minutes, ask the pairs to share their stories, but only if they feel comfortable doing so. As stories are shared key words and common phrases should be written on the board by the facilitator or participants who volunteer. By doing this exercise participants will be able to recall how they felt during those times when patients demonstrated aggression towards them. The discussion can then lead to personal reflections and things they wish they had done differently. Audience participation will consume more time. However, the class will be more stimulating if participants share stories based upon their lived experiences. These stories and interactions will provide varying perspectives so allow as many as possible, just be sure to keep the interactions flowing so everyone who wants to share will have ample opportunities.

It is the responsibility of the facilitator to place time constraints on sharing. Participants should be giving a set of rules prior to the start of the sharing sessions. Inform participants to speak only when called upon. Let students know that only one person speaks at a time. Lastly, because these types of interactions and story sharing can bring up raw emotions, be sure to share with students that if at any time they start to feel anxious or distressed that they can excuse themselves from the room and return only once they have regained their composure. Participants can rejoin the discussion once they feel comfortable with doing so. Completion of this module should take approximately 2 to 3 hours depending on the student’s willingness to share their individual stories.

Introduction of the Dynamic-Appraisal of Situational Aggression Tool:

- Introduce the DASA tool.
- Review the history of the tool.
- Highlight findings from previous studies.
- Explain how to use the IMCHB model in day-to-day interactions with the patients and how to use outcomes for care planning.
- Group students up into pairs to begin reflection session.

**Module 2. Top 5 Psychiatric Diagnoses Admitted to the Inpatient Psychiatric Unit**

This module will provide textbook definitions of the top 5 psychiatric diagnoses carried by patients admitted to the inpatient psychiatric unit. The rankings will be taken directly from the Department of Veterans Affairs Fiscal Year 2014-2020 Strategic Plan. The Strategic Pan of the Comprehensive Integrated Inpatient Mental Health Program is based on the Key Drivers of the Psychiatric Service of the Veterans Hospital Administration. Conducting a refresher training session on the diseases prescribed to in this source will afford the participants an opportunity to increase their knowledge base as well as service of care levels. Prior to informing students of the diagnoses, students should share in an open forum what they think to top 5 diagnoses admitted to the unit are. This will provide insight into how students think and feel about patients. The facilitator of the training session will then list the diagnoses in chronological order as the discussion unfolds. If time permits, the facilitator will also share the details of other common psychiatric diagnoses. Thus, participants will be brought up to date on current aspects of

the various diagnoses being discussed. Completion of this module should take approximately 2 to 3 hours.

Top 5 Psychiatric Diagnoses Admitted to the Inpatient Psychiatric Unit:

- Students share what they think are the top 5 diagnoses.
- Facilitator lists the top 5 diagnoses.
- Examine the difference between student perspectives of what they thought the top 5 diagnoses were against what they actually are and discuss.
- Provide textbook definitions of the identified diagnoses.
- Explain the manifestations of each diagnosis and how a patient with a particular disease process might present in the milieu.

**Module 3. Pharmacodynamics of Psychotropic Drugs**

This module will provide a comprehensive review of psychotropic drugs to include actions, interactions, dosages, contraindications and side effects. The side effects discussion will include extrapyramidal side effects (EPS). The EPS will be reviewed extensively because some of these may induce, contribute to or closely resemble acting out behaviors to the untrained eye. There will also be a focus review to identify which psychotropic drugs elicit the most severe responses by the patient. The discussion will then focus on those psychotropic medications that are most often prescribed for the unit on which the participants work. There will be a matching exercise that will assist participants in developing and/or expanding their abilities to recognize trade names while subsequently being able to pair a specific drug to its generic equivalent. The discussion will then focus on how drugs are prescribed for a particular psychiatric diagnosis. After presenting the

information in class, once again you can have the students pair off for just a few minutes and allow them to practice matching drugs to diagnoses. Encourage the use of generic names as these are the ones used at the facility. Allow as much time as possible so that they feel comfortable because a large part of preventing acting out behaviors starts with medication administration by staff and compliance of the patient. Completion of this module should take approximately 2 to 3 hours.

Pharmacodynamics of Psychotropic Drugs:

- List and explore the actions, interactions, dosages, contraindications and side effects of psychotropic medications.
- Highlight psychotropic medications that are common to the unit.
- Focus review of EPS and which psychotropic drugs elicit the most severe responses.
- Match tradenames to generic versions of the same medication.
- Group participants together and allow them time to coach one another on their abilities to recognize psychotropic drugs using tradenames and generics.

**Module 4. Implementation of the Dynamic-Appraisal of Situational Aggression tool**

This module delves into the inner workings of the Dynamic-Appraisal of Situational Aggression (DASA) tool. The various features and rationale for using the DASA tool will be revisited. Additionally, participants will be provided with a step-by-step instructional layout. The focus will center on how to actually use the DASA tool. The participants will be taught how to use the DASA assessment process. Each participant will be given a three-page handout of the actual written description of the DASA tool along with the scoring sheet that was published by the developers of the

products. The facilitator will also have the option to project the PowerPoint slides that were developed from the handouts on the overhead projector. Thus, the participants will have a complete breakdown of each line item projected overhead as well as a hardcopy that can be referenced whenever it is needed. The facilitator will provide detailed instructions about each item of the tool and how to score a patient using the indicators. Further clarification can be accomplished by using the case studies created for the workshop. The facilitator will use one of several case studies to score a hypothetical patient. The students will be asked to provide input. Once the scoring is complete there will be an explanation of why the case study patient received the score so students will be able to garner a better understanding. Following a brief discussion, students will be presented with a different case study. They will be asked to work individually to score their theoretical patient from this study. Once everyone is finished, findings will be discussed as a group. Next the participants will be coached on developing their skills on how to conduct a patient interview in order to complete the tool. It is essential that staff is able to establish a therapeutic relationship while using therapeutic communication so they can have meaningful interactions with the patients. To accomplish this, students will also receive handouts on therapeutic communication words and techniques. The facilitator can also present the students with different situations involving patients previously admitted to the unit as long as names are not used. Another option would be to ask students to categorize the patients using the indicators and then have them explain in detail why they categorized them that way. Completion of this module should take approximately 2 to 3 hours.

Implementation of the Dynamic-Appraisal of Situational Aggression tool:

- Complete explanation of how to use the tool.

  Introduction

  □Why this tool is such a viable tool to use for this population.

  □How this tool has worked in other psychiatric settings.

  □How other psychiatric settings used the tool successfully.

  ■What changes did they observe?

  ■Was there a decrease in the number of patient aggression encounters toward staff?

  DASA Items

  8. Irritability
  9. Impulsivity
  10. Unwillingness to follow instructions
  11. Sensitive to perceived provocation
  12. Easily angered when requests are denied
  13. Negative attitudes
  14. Verbal threats.

  Scoring the DASA

  Each item receives a score of 0 if absent or 1 if it is present now or has been present in the last 24 hours. This means that if someone is not currently displaying easy anger upon denied requests, but was earlier, that item should be scored 1.

Please note there is no typical cut-off score for the DASA tool when scoring the patient based upon each indicator. However, during the training it is important to point out to the participants that according to Barry-Walsh, et. al. (2009) in one of the original studies that helped to introduce the tool, "for each increase in DASA total score, there was a 1.77 times increased likelihood that the patient would behave aggressively in the following 24 hours." This is noteworthy when critically thinking through the process and decisions are being making to score each patient. Additionally, it should be noted that Kaunomäki (2013) used a cut-off score of 4 to identify high-risk individuals. Each of these points should be taken into consideration when deciding on a score.

Once the participants demonstrate understanding of the indicators and how to score a patient, the participants should then be instructed to:

- Review each indicator and provide information on scoring technique.
- Utilizing case studies score hypothetical patients using the indicator.
- Discuss findings as far as why patients received the various scores.
- Examine completed score sheets and exchange ideas on ratings.

**Module 5. Putting the Dynamic-Appraisal of Situational Aggression Tool to Work**

In order to actually put the Dynamic-Appraisal of Situational Aggression (DASA) tool to work, it will require mastery of the modules detailed earlier in the course. Thus it is imperative, that each section is taught in succession as each on expounds on the other. As students garner a better understanding of the purpose of the tool along with its indicators, they will be better prepared to put the process to use. The scenarios will serve as practice

sessions prior to implementation of the method in real time. Therefore it is necessary for the course facilitator to tie each discussion taught throughout the workshop to the previous one. It is during this module, module 5, that the facilitator can explain how to use the journals. Once students understand the intended use of the journals, they can be distributed. This would be a great time to use any of the previously discussed case scenarios to document mock encounter sessions in the journals. This action will hopefully provide clarity as far as how to use the journal to successfully document interactions, feelings, outcomes and the like, between staff and patients. Completion of this module should take approximately 2 hours.

Putting the Dynamic-Appraisal of Situational Aggression Tool to Work:

- Review participant understanding and readiness to implement the tool.
  □Successful implementation hinges upon complete understanding.
- Elicit open discussions from participants by asking them how they think successful implementation of the tool would look of they were to implement use of the tool at this very moment.
  □Hearing from the participants will give the facilitator a gauge to measure how well participants understand the concepts of the tool and its actual use.
- Any student still in need of clarity should be offered one-on-one sessions to bring them up to the same level of understanding as the other participants prior to moving on to the next module.
  □It is best to address remediation issues now as opposed to later because once the tool has been completely rolled out it will be put to better use.
  □Proper use of the tool will enhance both patient and staff safety.

**Module 6. How to Transition to the Dynamic-Appraisal of Situational Aggression Tool**

This module addresses the concerns that will undoubtedly crop up amongst participants as they express their reticence to change. Although staff desire a safe place to practice, one that is free of harm for themselves as well as the patients, they are often resist change. This module offers tips by way of open discussion on how transition is best accomplished. The module will provide a list "Do's and Don'ts" that offer support to participants as the tool is not only adopted, but implemented into practice. Participants will be encouraged to brainstorm possible outcomes related implementation after being placed in small groups. Once the groups have exhausted each and every theoretical possibility, they will be once again given an opportunity to discuss the options with the class. Mulling over each detail may seem mundane at first. However, the goal of this exercise is to bolster confidence levels. Once participants are given a chance to openly share they may begin to feel more confident once they realize others have just as many fears, concerns and ideologies on how to make the tool work as they do. Completion of this module should take approximately 90 minutes.

How to Transition to the Dynamic-Appraisal of Situational Aggression Tool:

During the transition process it is important to:

- Make adjustments on a daily basis that will improve implementation proven strategies in an effort to reduce improper use of the indicators and scoring system
- Empower patients by including them in as many steps in the implementation process as possible.

- Keep patients informed of changes prior to, or right after any adjustments are made.

  □This action will support the concept of patient-centered care. The idea is to reduce anxiety levels and take a more supportive stance by keeping the patient engaged in his or her own levels of care.

- Apply critical reasoning through peer support, open discussion, eliciting feedback and daily huddles.

  □ This action allows for a keener sense of awareness as the tool is being used which will help the participants operate more effectively while preventing harm to patients and staff.

  □Participating in these processes will not only improve outcomes of care for the patient but will support the implementation of the tool as well.

**Module 7. Evaluation and Feedback**

Once each participant has completed this course, they will be asked to complete a post-course survey. The surveys will be anonymous and will elicit responses that will serve to make the course better. The facilitator will use the results to update, change and/or add to information as suggested by participants. Aggregated data will be used by leadership to determine whether or not they will continue or discontinue the course. The post-course evaluation survey will take approximately 10 minutes to complete.

Appendix B: Post-workshop Evaluation Survey

**Workshop Evaluation**

## HIGH RISK IDENTIFIER TRAINING PROGRAM
## COURSE EVALUATION

Thank you for taking the time and effort to respond to the post-workshop questionnaire. Satisfaction with the training program is the main goal. Please give your most candid and thorough response to the questions below. Lastly, please note that the information you share here is completely confidential.

The survey is divided into three sections:

About the Student
Evaluation of the Course
Evaluation of the Instructor

### I. Yourself as the Student

1. Rate the amount of work you did
   - ☐ Almost none
   - ☐ What was assigned
   - ☐ More than just what was assigned
2. Rate the level of your involvement in the activities of this course
   - ☐ Very involved
   - ☐ Somewhat involved
   - ☐ Enthusiastically involved
3. How much practical knowledge have you gained from this course?
   - ☐ A great deal
   - ☐ Some practical knowledge
   - ☐ None

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**II. General Evaluation of the Course** *(fill-in the corresponding circle)*

1. What is your impression of the course?

| | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|---|---|---|---|---|---|
| The course objectives were clear | ○ | ○ | ○ | ○ | ○ |
| The course procedures and assignments support course objectives | ○ | ○ | ○ | ○ | ○ |
| The amount of reading you were asked to do was appropriate | ○ | ○ | ○ | ○ | ○ |
| The amount of writing or other class work you were asked to do was enough | ○ | ○ | ○ | ○ | ○ |

2. What overall rating would you give this course?

☐ Excellent ☐ Good ☐ Average ☐ Poor

3. What are the major strengths of this course?

4. What are the major weaknesses of this course?

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**III. General Evaluation of the Instructor** *(fill-in the corresponding circle)*

1. What are your sentiments about the instructor?

| | Never | Sometimes | Usually | Most of the time | Always |
|---|---|---|---|---|---|
| Could you get clear answers to your questions from the instructor? | ○ | ○ | ○ | ○ | ○ |
| Was the instructor considerate to you? | ○ | ○ | ○ | ○ | ○ |
| Was the instructor effective in teaching in the course? | ○ | ○ | ○ | ○ | ○ |
| Was the instructor enthusiastic about the course? | ○ | ○ | ○ | ○ | ○ |

2. What would you recommend to improve the instructor's performance?