Objectives

- Identify barriers to learning
- Develop strategies for implementation
- Identify tools for education
What is education?

- Definition: Teaching and learning skills and knowledge

- Means different things to different people
Barriers to Learning

- Negative attitudes
- Lack of ownership
- Lack of knowledge
- Institutional barriers

Goals of Pressure Ulcer Education

- Empowerment of Staff
- Improved patient outcomes
- Increased patient and staff satisfaction
- Decreased litigation
Initiation of Educational Programs

• Reactionary vs. Preventive

• Who needs the education?

• Determine gaps in education

How much knowledge is enough?
Guideline

- Assess knowledge and attitudes of professional staff regularly using reliable and valid assessment told appropriate to clinical setting
  - SOE: C

Knowledge Assessment Tools

- Pieper Pressure Ulcer Knowledge Test (PPUKT)
- Pressure Ulcer Knowledge Assessment Tool (PUKAT)
- Attitude towards Pressure Ulcer Pressure tool (APuP)
Pieper Pressure Ulcer Knowledge Test

- Developed 1995 (Pieper and Mott)
- Available on line on AHQR website
- 47 items, true/false
- Answer key provided

Pieper B, Mott M. *Adv Wound Care* 1995;8:34-48

Pressure Ulcer Knowledge Assessment Tool

- Beeckman, et al 2010
- Assessment of knowledge and attitudes of prevention guidelines in nurses and nursing assistants in Belgian nursing homes
- Cross-sectional prospective study
- 145 nurses and NA’s studied in 615 residents
- Guideline compliance was found in only 6.9% of residents at risk
Pressure Ulcer Knowledge Assessment Tool

• Mean knowledge assessment
  – 29.3% nurses; 28.7% nursing assistants

• Attitude scores
  – 78.3% nurses; 74.3% nursing assistants

• Nurses showed more positive attitude than nursing assistants
• Attitudes were a significant predictor of the application of preventive guidelines

Attitudes towards Pressure Ulcer Prevention Tool (APuP)

• Beeckman et al, 2010
• 13 item instrument
  – Attitudes towards personal competency to prevent pressure ulcer
  – Attitudes towards the priority of pressure ulcer prevention
  – Attitudes towards the impact of pressure ulcers
  – Attitudes towards personal responsibility in pressure ulcer prevention
  – Attitudes in confidence in the effectiveness of pressure ulcer prevention
Guideline

• Develop an education policy for pressure ulcer prevention and treatment at an organizational level
  – SOE: C

• Make it realistic

• Make it relevant

Guideline

• Provide regular evidence-based pressure ulcer prevention and treatment education
  – SOE: C

• Most studies indicate increased knowledge for 6 months after educational experience
  – Greatest knowledge in first 3 months
Guideline

• Tailor training and education on pressure ulcer prevention and treatment to both the needs of member of the healthcare team as well as the organization
  – SOE: C

• Time restraints
• Education pertinent for different disciplines

Guideline

• Utilize interactive and innovative learning in the design and implementation of a pressure ulcer prevention and treatment education program
  – SOE: C
Types of Education

- Bedside teaching
- Skills training
- Teach the Teacher
- Didactics
  - Small group
  - Large group
- Computer based
- Online Education
  - Institutional presentations
  - Educational websites
- Different learners learn in different ways
Educational Websites

- Free CEU
- Accessible any time
- Did I say FREE CEU!
- Examples:
  - www.connect2know.com
  - www.woundcme.org
  - www.medlineuniversity.com
  - www.aawconline.org

Pressure Ulcer Education

- Etiology and risk factors
- Classification of pressure ulcers
- Differential diagnosis
- Risk assessment
- Skin assessment
- Documentation of risk assessment and a preventive care plan
- Selection and use of pressure redistribution support surface
- Repositioning
- Nutrition
- Interprofessional approach
- Education of patient and caregivers
NPUAP/EPFAP Clinical Practice Guideline

NEW! International Clinical Practice Guideline & Quick Reference Guide

Prevention and Treatment of Pressure Ulcers: Clinical Practice Guideline
Olivia's Asthma's Story

May I Be Excused,
My Brain is Full

By: Luane Fetter-Stevens - Barnette Galy, Ph.D.