

AIDET & hourly rounding education for improved patient outcomes

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Description of course

This educational session is designed in three phases that will introduce and educate staff on the AIDET principles and best practice of Hourly Rounding on patients for improved clinical outcomes and patient satisfaction. Bastable (2013) demonstrates that “the education process, like the nursing process, consists of the basic elements of assessment, planning, implementation, and evaluation”. The first phase of the training was a 45 minute lecture/discussion that occurred during four mandatory staff meetings for the medical telemetry unit. Phase two of the education included a quiz, review of handouts and peer driven practice on the unit. Phase three was a simulated skills lab in which staff demonstrated competence and were validated using a competency checklist.

Context

AIDET and Hourly Rounding are two components of practice that are new expectations in my organization. The organization has identified goals related to creating a Community Cares Culture that include best practice initiatives, of which these are the first two. AIDET introduces the 5 fundamentals for effective communication (Studer Group, n.d.). Hourly Rounding is evidence based nursing practice that improves patient satisfaction as measured by HCAHPS and patient outcomes related to falls, decubitus ulcers, and frequency of call light use and in overall quality of care (Farby, 2014). I implemented this teaching with my target audience as a pilot and preparation for house wide implementation, ultimately reach all nursing units and over 1000 nurses and support staff.

Intended Audience

Nurses and Patient Care Techs (approximately 75 total) who work in the 52 bed medical telemetry unit.

Objectives

By the end of the 45 minute session and peer driven practice, the participants will be able to:

- Complete a quiz on AIDET communication principles with a minimum of 90% accuracy (see Appendix A).
- Repeat at least two evidence based rationale for implementing clinical hourly rounding on patients. (cognitive)
- Identify the eight steps to follow during a clinical hourly rounding interaction with 100% accuracy. (cognitive)
- Demonstrate proper utilization of key words at key times during a simulated clinical hourly rounding scenario. (psychomotor)
- During a peer driven role play exercise, evaluate the performance of a peer using the eight step guideline presented during the presentation.

Preparation

Prior to my educational session I met with the nurse leaders on the floor to assess any barriers to learning and to provide them with the instruction and materials that I would be teaching to the staff. I discussed what they observed on the unit related to staff behaviors, attitudes and perceptions of clinical hourly rounding. I reviewed their clinical outcomes data regarding falls, pressure ulcers and their responsiveness to call lights as well as their HCAHPS scores in the Nursing Communication and Responsiveness of Hospital Staff domains. Nurse leaders were asked to share the scores/data in daily huddles and distribute the AIDET newsletter

(see Appendix B) for staff to review prior to the staff meetings where the initial education would be presented.

Obstacles

The nursing leadership identified several barrier to learning for this group of staff. The perceived largest obstacle was motivation. The nurse Manager shared with me that there are many open positions on this unit and the staff are stretching or working overtime to cover their unit staffing needs. This is causing low morale and is making it difficult for her to introduce new concepts and set expectations. Having this knowledge enabled me to tailor my message to this group's need to do more with less time. I approached the Hourly Rounding expectations by stating specifically that evidence showed a significant decrease in call lights when staff purposefully hourly rounded on patients. I was able to show that the practice provides a win for the staff and the patients. Knowing the obstacles to learning was key to delivering a message that would be received openly by the learners.

Content/Teaching Strategies

Cognitive learning theory presumes that the key to learning is changing the way the learner perceives, thinks, remembers and processes information that is meaningful to them in their environment (Bastable, 2014). On the day of the sessions, I began with discussion by asking the group what they already know about AIDET & Clinical Hourly Rounding. I used a large sticky chart paper that I placed on the wall, and wrote key words as the group discussed what they know and how they feel about AIDET & Hourly Rounding. I used this technique to address the affective domain and remove barriers to learning prior to the teaching. I then used a power point presentation (see Appendix C) to review the course content, including pictures and specific examples that all participants can relate to reinforce the concepts. I used questioning to

encourage active participation in the lecture and facilitated storytelling to reinforce meaning that related to their specific work environment. Through the sharing of stories, caregivers achieve greater sense of understanding related to the meaning people attribute to the illness, their ways of coping, and their sense of future possibility which is essential for sound clinical decision making (Tanner, 2006).

Course outline

Time	Content
5 min.	Introduction, assessment
15 min.	AIDET- Concept, rationale, components 5 Fundamentals of Communication Acknowledge: Shows that they are important to us. Introduce: Help to reassure the patient/customer that they are in good hands. Duration: Demonstrate that you anticipate their concerns. Explanation: Provide step by step explanations of what we are doing and why. Thank: Be sincere and thank patients frequently
10 min.	Hourly Rounding- Concept, evidence based rationale, components Clinical Hourly Rounding: Evidence Based to reduce; falls, call lights, decubitus ulcers. Evidence Based to increase patient perception of the quality of their care. Explain Hourly Rounding 4 P's Pain Potty Position Possessions Environmental safety assessment- trash, safety hazards, fall precautions, IV sites, etc. Manage expectations- use call bells for emergencies because we will be meeting needs proactively with each hourly round.
5 min.	Using AIDET during an 8 step Hourly Round
5 min.	Next Steps/ Resources
5 min.	Questions & Answers
Post lecture, peer/ learner driven in prep for skill validation	Peer driven Role play using AIDET to conduct Hourly Rounding

Applying Kolb's Learning Style Inventory, Bastable (2014) recommends beginning nursing education with activities that are suited to the diverger and then progressing through the assimilator, converger, and accommodator in an effort to provide the foundation before advancing to application of concepts. Upon completion of the lecture, I provided the staff with a competency assessment tool (see Appendix E) and instructions to begin role play with one another in the workplace to practice this skill. The role play method allows learners to practice new behaviors and explore their own feelings, resolving personal problems or conflict associated with the circumstances (Bastable, 2014). Role Play stimulates creativity and assimilation of knowledge into practice. The focus moves from the teacher to the student when using role play, independent research and sharing of ideas encourages students to prepare a visual representation of a concept (Morrison-Shetlar & Marwitz, 2001). They were told then that in 10 days they would be attending a simulated setting for skills lab where they would be validated on the use of AIDET during a purposeful clinical hourly round. I chose this method knowing that divergent learners enjoy group learning activities, place a high value on understanding and enjoy being involved (Bastable, 2014). My goal was to use this to overcome the lack of motivation and low morale that was identified by the leadership on the unit prior to my implementation of the teaching plan.

Critical Thinking

According to Billings and Halstead (2012) clinical reasoning is the ability to accommodate the changing nature of the clinical setting. I chose to conduct a simulated skills lab to validate the effectiveness of my teaching session and subsequent learning by the nurses and techs. The lab was set up in what used to be a storage room at my hospital (see Appendix

D). The purpose was to attempt to create an environment that would contain all aspects of a “real” patient room and include triggers that required to learner to use critical thinking to respond to the situation. During the validation session, the educator was prepared with “what if” scenarios to include in the simulation. The three scenarios involved responding to a patient complaint, identifying a need for fall precautions, and responding to a suicidal patient. Del Bueno (2005) proposes that though the most effective way to enhance clinical judgment in nursing occurs in the practice setting, question activities in any setting are an effective way for learners to apply, analyze, and synthesize knowledge for specific patient problems or situations.

Outcome Evaluation

On the day of the skills validation lab, learners enter with a completed AIDET quiz and were seated in a gathering area to watch a short video on the Right way vs. Wrong Way to conduct an Hourly Round using AIDET principles. They entered in groups of 10, having signed up in advance, and upon completion of the video they were broken into groups of two for validation. I enlisted the support of four other nurses who acted as validators during the simulation. During the simulated validation session we used the AIDET & Hourly Rounding Competency Assessment Tool to assess the performance of the staff members. During that role play, learners were provided with feedback and coaching regarding their performance and what they might do differently next time. Learners who were not able to demonstrate competency were asked to repeat the skill validation at a later date. There was only one staff member who required this intervention.

Upon successful completion of the skills validation in the simulated setting, learners were provided with a sticker (see Appendix F). They were congratulated on a job well done and told to wear their sticker proudly so that everyone knew that they were committed to excellence. I had

this designed for the purposes of reinforcing to all staff that this skill is a priority, that excellence is a choice and to recognize those who succeed. Peer influence is incredibly important when it comes to motivation to learn and practice/hardwire new skills.

Teaching effectiveness assessment plan

Initial assessments by rounding on the unit and speaking to staff have indicated that this education and implementation of AIDET and Hourly Rounding has improved communication and decreased patient need to use the call bell for assistance. I have gathered this subjective data from both staff and patients. Moving forward I will be evaluating the effectiveness of this educational plan by monitoring the unit HCAHPS scores related to nursing communication and responsiveness to call lights as well as the core measures data regarding falls and prevalence of decubitus ulcers.

References

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Appendix A – AIDET Quiz

Appendix B – Newsletter Introduction to AIDET

Appendix C– Power Point, Key Words at Key Times: AIDET and Clinical Hourly Rounding

Appendix D- Photographs of Simulated Skills Validation Laboratory

Appendix E- AIDET and Hourly Rounding Competency Assessment Tool

Appendix F- Completion Sticker

Appendix B- Newsletter Introduction to AIDET

Turn Up The HEAT

Community Cares

Safety/Quality + Service + People + Finance = Growth

November 24, 2014

AIDET
Five Fundamentals of Communication

All employees are required to perform AIDET which should be practiced daily with all patients, guests, and customers. In building a culture of service and operational excellence, it is critical to let the patient know why we do things. AIDET is an effective tool any time there is an interaction with a patient or family but especially in times of stress as well as during “first touch” and “last touch” encounters such as admission, discharge or reception areas.

- Clarify expectations and introduce your skill set to help reduce anxiety.
- Use key words to “connect the dots” to such actions as closing curtains for privacy and checking armbands for patient safety. In this way we reduce anxiety and improve clinical outcomes.
- Managing up helps build patient confidence in the care they are about to receive. Use key words to describe yourself, another department or event to elevate or highlight positive expectations.

AIDET is an acronym that stands for:

Acknowledge
Eye contact, smile, greeting

Introduce
Your name, experience, manage up

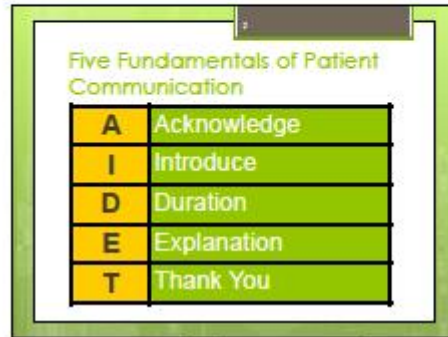
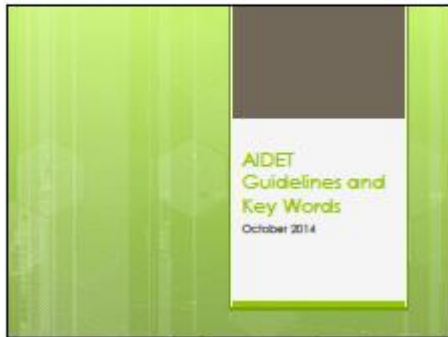
Duration
Wait time, results, length of procedure

Explain
Procedure, process, plan of care, next steps

Thank
Thank the patient/customer, show appreciation

Community Cares is how we provide care and how we do business. The Community Cares principles are designed to create a highly reliable, safe environment and a tradition of service excellence.

Appendix C- Power Point Slides (page 1/3) see separate attachment for all slides.



Appendix D- Skills Lab Photos



Skills Validation lab set up with hand sanitizer, environmental hazards, white board, over-bed table, call light, linen hamper, trash can, and rounding log.



Skills Validation in progress- station #3.

Appendix E- AIDET & Hourly Rounding Competency Assessment Tool

Clinical Hourly Rounding and AIDET Competency Assessment

Date:	Name:	Director:	Department:

ESSENTIAL SKILLS 90 POINTS TO PASS	POINTS (PLEASE CIRCLE)	NEED TO FOCUS ON IMPROVEMENT ✓
Knocks on door and Sanitizes hands before entering	5	
Acknowledges patient by name with eye contact and appropriate body language and tone of voice (A of AIDET™)	5	
Introduces self and uses name and title (I of AIDET™)	5	
Explains Hourly Rounding and uses key words to reduce anxiety (E of AIDET™)	5	
Writes name on whiteboard	5	
Manages up off going shift, physicians, team, etc.	5	
Proactively addresses 4 P's (more than "Do you need anything?") of: Pain- assessment related to interventions Potty- assess toileting needs, empty potty chairs/bedpans/urinals Position- comfort, turn as needed Possessions- move items within reach	20	
Conducts environmental assessment (picks up trash-comments about clean room)	5	
Uses key words about safety, fall risk, bed alarms, etc. as appropriate	5	
Tells the patient when one of the team will return (D of AIDET™)	5	
Documents on rounding log	5	
Asks "Is there anything I can get you before I leave? I have the time."	5	
Thanks the patient and shows appreciation for trust, ability to care for you etc. (T of AIDET™)	5	
Sanitizes hands when leaving	5	
Responds appropriately to questions or "what if" scenarios	15	

Total: _____

EVALUATION SUMMARY:	
<input type="checkbox"/> Competent In AIDET Skills Assessment <input type="checkbox"/> Recommend Repeat Skills Assessment <input type="checkbox"/> Top Performer	Evaluator Comments: Evaluator signature: _____

Appendix F- Completion Sticker

