Joe DiMaggio **Children's Hospital®**

Joe Talks: Enhancing Nursing Knowledge and Condition **Management Through Interactive Education**

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Why Joe Talks?

Implementing interactive nursing education programs is crucial for easing new nurses into their roles as well as enhancing the skills of existing staff. Nursing schools provide broad curricula within limited timeframes, often resulting in insufficient exposure to certain conditions.

Introduction	Results Cont.				
 To facilitate education, the "Joe Talks" program was developed: Weekly case study presented that includes: 	A hands-on Joe Talks : The results from this surveys were collected immediately before and after a hands-on session related to resuscitation skills.				
 Short (5-10 min) daily debriefings presented by a provider Nurse engagement using SBAR (Situation, Background, Assessment, Recommendation) framework. Discussion of pathophysiology, symptomatology and management 	E. Resuscitation Skills PRE-Survey POST-Survey				

- Hands on skills training often provided during case study week, examples include:
 - Seminar on ventilator usage from a respiratory therapist
 - Team based lockbox game followed by debrief to discuss key educational points

Methodology

To gauge effectiveness of **Joe Talks**:

- Likert-scale surveys were given to nursing staff before and after each weekly topic
 - Rating comfort and confidence from 1 to 10 (1 being least comfortable/confident to 10 being most comfortable/confident).
 - Knowledge-based questions also included to gauge overall understanding.
- Welch's T-test was performed to assess statistical significance

Results

• Average responses from dayshift PICU/IMCU nurses before and after various **Joe Talks**.







Dosing

a PT



Graph E. Data showing increased confidence/comfortability in various resuscitation skills after a hands-on session. Data points on the scale from 1-10. These total averages represent both the PICU and IMCU during dayshift and nightshift. Sample Size: Pre-survey: 21 nurses, post-survey: 30 nurses. Asterisk (*) denotes statistical significance. Photo 1 Represents the Epi dosing skills station while Photo 2 represents the CPR/bagging station. Photo 3 represents the lockbox (a component of the hands-on skills session) (CPR: Cardio-pulmonary Resuscitation; Epi: Epinephrine; PT: patient)

• A comparison of the average comfortability/confidence between the PICU and IMCU regarding the epi dosing skill: (for reference, our IMCU does not treat vented patients)

Data showing increased confidence/comfortability in various respiratory topics. Data points on the scale from 1-10 A: Asthma, sample size: pre survey: 14, post survey 10; B: Bronchiolitis, sample size for pre and post survey both 7 nurses. Asterisk (*) denotes statistical significance. (PICU: Pediatric Intensive Care Unit, IMCU: Intermediate Medical Care Unit)

C. D. Arrythmias PRE-Survey POST-Survey 10 10 scale of 1-10 e of 6.92 d



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	ESURVEY	5	PICU DAYS	2.6 *	EY	8	IMCU DAYS	6.125 *
		10	PICU NIGHTS	6.2	SURV	7	IMCU NIGHTS	5.29 *
	PRI	15	PICU TOTAL	5 *	PRE	15	IMCU TOTAL	5.73 *
	VEY	3	PICU DAYS	7.67 *	VEY	9	IMCU DAYS	8.44 *
	FSUR	5	PICU NIGHTS	8	rSUR	4	IMCU NIGHTS	8.75 *
	POS	8	PICU TOTAL	7.88 *	POST	13	IMCU TOTAL	8.53 *

Table 1: A further look into the data from the resuscitation skills pre and post survey, with emphasis on the epi dosing benchmark for each shift of the PICU while Table 2 represents the same benchmark from IMCU nurses instead. Asterisk (*) denotes statistical significance.



- Overall, there is a general positive correlation between an increase in comfortability or confidence in the tested topics and implementation of **Joe Talks** presentations. Furthermore, there is statistical significance in some concepts tested, strengthening the idea for the need of more simulation-style, unit based educational programs like Joe Talks.
- Future goals:

Photo 3.

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- Expanding program for accessibility to nightshift and nurses not on shift
- Expanding program to other units, with unit specific content



Data showing increased confidence/comfortability in various cardiac topics. Data points on the scale from 1-10 C: Arrythmias, sample size: pre survey: 14, post survey 13; D: Tetralogy of Fallot (TOF) sample size: pre survey: 14, post survey 13. Both graphs derived from data from same survey separated for clarity. Asterisk (*) denotes statistical significance.

• Creating recorded online videos so the information is readily available for review.



Barriers

Variability in scheduling and attendance \rightarrow discrepancies in sample size between surveys. To address this to determine if the averages could indicate significance, a Welch's T-test was performed for each average and its pair (pre and post).

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