

Pressure ulcer education — new ways to educate and motivate

KEY WORDS

- ▶ Education
- ▶ Pressure ulcer
- ▶ Prevention
- ▶ Teaching mat

Although the NHS Improvement ‘Stop the Pressure’ campaign has had some success in recent years, incidence of pressure ulcers has plateaued. Reinvigoration of the campaign was required, with a particular focus on reducing variations in incidence across different organisations. Provision of high-quality education to healthcare professionals is critical to this end; however, ascertaining and maintaining a knowledge of the principles of pressure ulcer prevention can be a challenge, particularly with a two-dimensional approach to education. Education that staff can relate to in a real-life context is needed to effectively close the gap between theory and practice.

Pressure ulcers are a key indicator of the quality of patient care that an organisation provides (NHS Improvement, 2016) with each avoidable occurrence representing a failure of care (Hope, 2014). In 2015/16, the Safety Thermometer recorded an average of 2,000 new pressure ulcers per month in NHS England (NHS Digital, 2016).

The success of the NHS Improvement ‘Stop the Pressure’ campaign can be seen in the marked reduction in pressure ulcer occurrence across England since its inception in 2012. However, according to Suzanne Banks, Professional Advisor at NHS England (Healthcare Conferences UK, 2015), the incidence of pressure ulcers has plateaued. With a levelling of incidence and variations between organisations identified, a relaunch of the campaign was initiated in late 2016, with a team of senior clinicians appointed to reinvigorate the programme.

There is a known correlation between nurses’ knowledge of pressure ulcer prevention and incidence (El Enein and Zaghoul, 2011). It can be assumed that education is one variable that impacts whether an organisation has a low or high incidence of pressure ulcers. So, what can we learn from the educational approach of organisations with a low incidence of pressure ulcers?

THE CHALLENGES OF EDUCATION

The availability and quality of pressure ulcer education for healthcare professionals is

variable. With limited tissue viability education for undergraduates, high staff turnover and an international workforce, ascertaining and maintaining a baseline knowledge of the principles of pressure ulcer prevention can be a challenge (Maybin et al, 2016).

Within NHS England, providing pressure ulcer prevention education often lies within the remit of tissue viability teams. Given the current availability of such education, it is worth asking whether the size and scope of tissue viability teams and the resources available to them are enough to fulfil this expectation. Furthermore, the absence of pressure ulcer prevention educational standards to guide organisations also leads to variable practice in approaches to education. Often, how much and what kind of education is provided about pressure ulcer prevention depends on the organisation’s key priorities.

PROACTIVE OR REACTIVE LEARNING

Not all variations in educational approach are undesirable. At University College London Hospitals (UCLH) NHS Foundation Trust, the tissue viability team employ both proactive and reactive approaches to pressure ulcer prevention education.

The proactive approach includes a full-day link nurse study day (SSKIN buddy), e-learning modules, formal ward-based teaching, awareness events, a staff induction programme, and a more informal approach of opportunistic teaching via



Figure 1. Red circular stickers were used to identify pressure areas



Figure 2. A trial-and-error approach was taken to identify correct and incorrect positioning

ward-walking and at the bedside.

In addition to this, learning from incidents is essential to inform both current and future pressure ulcer prevention strategies. Tailored teaching sessions are devised when specific educational needs are identified during root cause analysis investigations. This reactive approach to teaching

can provide some reassurance to improvements in practice locally but, in contrast, will further exacerbate variations in the educational approach between organisations and, to some extent, within organisations, as the education is tailored to the specific needs of wards or areas.

All approaches to pressure ulcer education have differing strengths and limitations. E-learning tools can reach a large number of staff, and are convenient and easily accessible for healthcare professionals working various shift patterns. However, e-learning is commonly completed in solitude. Therefore, this approach can be restrictive as the learner is unable to ask questions to clarify their knowledge or learn from others.

Group face-to-face teaching provided by a tissue viability nurse can allow for delivery of desired learning outcomes and provides an opportunity for meaningful discussion where members of a team can debate current practice and reflect on team culture. However, the success of this approach to education is often dependent on whether staff can be released from clinical duties on the given day.

A NEW, PRACTICAL APPROACH

Following an in-depth thematic analysis of root cause analyses of hospital-acquired pressure ulcers at UCLH from the past 6 months, some commonalities and trends were highlighted. Timely and comprehensive skin inspections, manual handling, the impact of shear and friction, equipment and optimal patient positioning were frequently cited as areas for improvement. In response to these identified trends, a bespoke ‘hands-on’ teaching session was devised.

With busy wards often unable to release staff for formal teaching, the session had to be short and engage quickly with staff, in order to make the most effective use of the 30-minute timeframe. A ‘brief intervention’ type approach was applied. This included bite-size sections emphasising pressure area identification, optimal positioning whilst utilising appropriate manual handling techniques, and use of equipment in relation to shear and friction.

To ensure swift engagement, staff were asked to identify pressure areas by placing red circular stickers on one another (*Figure 1*). To add a little fun and competition, they were split into two teams and asked to complete this task against a stopwatch.

Utilising role play, with an emergency department trolley and slide sheet, an ideal scenario for positioning a fictitious patient was established.

The red stickers were then introduced to create a patient who was said to be admitted to the trust with multiple opposing pressure ulcers. By using a practical trial-and-error approach, staff worked as a team to identify both optimal and sub-optimal positioning for their patient (*Figure 2*). To add to the complexity of the task, a medical condition of the fictitious patient was then introduced (i.e. fractured neck of femur/COPD and associated shortness of breath).

The teaching session quickly became known as the 'pressure area challenge' and received favourable feedback, including the following comments:

- ▶▶ "Informative and fun"
- ▶▶ "Made it really fun and have learnt new techniques"
- ▶▶ "Increased my confidence"
- ▶▶ "Educated me in pressure areas that are easily and commonly missed"
- ▶▶ "FUN, FUN FUN, with huge amounts of valuable information given"

DISCUSSION

Ausubel's learning theory (1978) promotes the term 'meaningful learning.' To achieve meaningful learning, Ausubel believes that new knowledge does not necessarily build on old knowledge but strengthens the connections between historically learned concepts and newly learned concepts. Utilising a concept-based approach to teaching, learners begin to merge knowledge and embody the bigger picture rather than learning unrelated facts (Deane and Asselin, 2015).

Nielsen (2016) urges nurse educators to design meaningful learning experiences that venture past the facts and into a thorough exploration of fundamental concepts. West (2016) describes the traditional 'two-dimensional' educational model as providing the facts and figures, contrasting this with the newer concept-based approach known as 'three-dimensional' knowledge gain, which is far more useful in the modern and evolving healthcare system. Benner (2016) suggests educators introduce a concept in terms of the evidence base and then build upon this by applying new and progressively more complex concepts in a practice-based context.

Tissue viability and manual handling education are usually provided separately. By uniting the two disciplines and associated concepts, such as skin assessment or application of helpful manual handling techniques to support optimal positioning, staff can relate the information to a real-life context, effectively closing the gap between theory and practice.

CONCLUSION

By combining Kolb's experiential learning theory (1984) and Ausubel's (1978) concept-based approach to promote meaningful learning, a seamless integration of evidence-based practice and practical skills can be achieved at the bedside. Considering the multifactorial nature of pressure ulcer prevention, it is time to rethink our two-dimensional approach to front-line education. One such innovative approach was developed by the UCLH tissue viability team who devised the 'pressure area challenge' educational session, a bespoke hands-on session that focused on trends identified during root cause analysis. More such initiatives are needed throughout our Trusts and hospitals.

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