

The the needed tools to facilitate evidence- informed care.

[Business](#), [Management](#)



The proposed evidence-based project has the goal to develop a facility policy to implement a procedure to utilize nursing staff as official educators.

Potential parolees who have a psychosis will have three-hour sessions a week taught by a nurse. The intervention is having nursing staff facilitate educational groups. As a result, correctional nurses will be empowered with the needed tools to facilitate evidence-informed care. The learning needs of the correctional nurses will be evaluated utilizing multiple questionnaires given to 26 nurses over a two-month span.

Background Utilizing evidence-based practice will set the vision for strong leadership qualities. As a result, innovative research will allow advanced nurses to work in a collaborative framework to provide evidence-based care to our community. Additionally, nurses will need to set individual standards to empower themselves to gain the knowledge, skills, and confidence to redesign current policy and procedures. The need for change comes from massive amounts of research that display reasons to implement evidence-based care, as well as barriers that hinder the process to fulfill evidence-based care (Solomons & Spross, 2011). Within the United States, many inmates will not make a successful transition into our communities (Visher & Bakken, 2014).

Each year, nearly 700, 000 men and women are released from prison into communities across the United States (Carson & Sabol, 2012). More recent studies report little change in recidivism among men and women released from prison (Pew Center on the States, 2011). Overall, prisoners are a protective group and when you add a psychosis to this group, there is even

fewer data available to refer to as a reference. Significance As innovated nurses, the expectation as leaders is to ensure that correctional nurses have available tools, skills, and resources to provide quality care.

One aim the project addresses is reducing the recidivism rates of inmates with a mental illness. This study will generate information on priority teaching issues identified by 26 nursing staff. Information will be collected to address learning needs and develop a supportive environment specific to correctional nurses. The educational intervention done by the nurses has the goal of supporting nurses in their practice and creating a program that is feasible within a prison setting. Project Intervention Plan Nurses on one specific unit, within a local prison, will be required to go to a two-day workshop. The education delivered will be based on patient-centered care.

Using a series of questionnaires we will focus on; describing the role of a nurse in the correctional settings based the nurses duty statement (objective one), identifying correctional nurses learning needs and awareness/preference of learning style (objective two), and the work environment characteristics that support or impede evidence-informed care (objective three). The results of the above objectives will be used to develop an in-service on how to address the learning needs of correctional nurses. We'll also be able to predict institutional barriers that could hinder the learning needs identified by the nurses to evaluate the acceptability and feasibility of the primary intervention being used. A baseline questionnaire will be completed to assess the learning needs and teaching styles of the nurses. The Second questionnaire will assess potential barriers within the

prison system. A third questionnaire will be the three months follow up to assess the material and delivery of the pilot program.

The final questionnaire will be a post-intervention survey of the efficiency of the project. Evidence-Based Intervention Evaluation of teaching practice and reflection, therefore, go hand in hand to help nurse educators develop their practice and become better educators (O'Malley and Fleming, 2012).

However, to get the most out of the evaluation, nurse educators must be; (1) understand common approaches used in education practice and (2) recognize the strengths and limitations that are connected to each learned approach.

Nurse educators will be able to engage in self-evaluation (Hughes and Quinn, 2013). Davies (2015) explains the use of self-evaluation, suggesting it can be both formal and informal and does not always need to involve completing templates or forms. For example, it might involve unstructured reflection about the success (or otherwise) of a particular education/learning activity (Davies, 2015). Lord (2009) also advocates for the widespread use of self-evaluation within nurse education, arguing that it gives educators greater ownership over their evaluations and relieves some of the pressure and burden associated with peer/student feedback. An assessment of, “Readiness for Change” will be surveyed using a pre and post nursing surveys to obtain feedback from unit nurses. This “Readiness for Change” will assess the likelihood that nurses will use the evidence-based material that is provided based on a series of questions utilizing a ranking format. The post-test will assess the nurses for the quality of the proposed material.

Evaluation is measured based on the survey questions; whether nursing staff completed the training, did they participate in pre and post-assessment surveys if nursing staff see potential in the proposed evidence-based teaching material provided if developing a nurse-patient relationship will be an effective tool to prepare these mental health inmates to reintegrate back into society. Impact and quality are measured by specific teaching materials being evaluated by nursing staff for the desired outcome. Monitoring and Evaluation Evaluation in education involves collecting and using the information to determine whether the education and/or teaching provided is successful and achieves the desired learning outcomes (Bastable, 2014). Evaluation can take many forms and helps promote quality in education practice (Hughes and Quinn, 2013); it enables nurse educators to ascertain whether their teaching is having a positive impact on patients learning and how (if anything) the steps nurses need to do to improve their evidence-based practice teachings (Ramsden, 2003).

As a result, monitoring and evaluating can provide information concerning; the need for modifying the programs, process of implementation and overall program outcomes. This can help support the relevance of the educational pilot program for; empowerment, responsibilities of a nurse educator, leadership, and future research. The consistent use of the assessment of core competencies and questionnaires in nursing education will facilitate the ability to compare nurse educator competencies and the performance of inmates with mental illness. Involving stakeholders can greatly impact evaluation results. The Delphi method, a consensus-building tool, is a

promising process to promote and encourage involvement from all stakeholders during the evaluation framing process. The Delphi method uses a series of surveys interspersed with controlled feedback designed to gather information and build consensus without requiring face-to-face meetings.

Two different formats of the Delphi method will be available, a paper-and-pencil, and a web-based collection system. Survey Procedures Data were collected using several iterative rounds of either paper or online Delphi survey to collect feedback. The recommended procedures for conducting Delphi surveys will be followed, including open-ended questions before more specific closed-ended questions. In each round, participants were emailed a unique web-link to an online survey system like; survey monkey. The nurses will be asked, a mixture of open questions with free-text response boxes, or asked to rate statements using four-point Likert response options: 'strongly disagree', 'agree', 'disagree' and 'strongly agree'. For those nurses who forget to respond in a timely manner will be sent reminder emails, which included an option to withdraw from the survey (Sinha Smyth & Williamson, 2009). Outline of Lesson Plans Using multiple learning tools like; PowerPoint lesson plans, handouts, homework in the form of crossword puzzles, word searches, and practice coping skills through mindfulness.

Lesson plans will be developed to specifically educate patients on medications that affect their psychosis. Examples that correlate with medication are the following; anxiety, physically assaultiveness, delusions, hallucinations, hyperactivity, impulsiveness, paranoid ideation, suicide behavior, manic behavior and anger management. The skills focused will be

tailored to physical health and well-being and mental health education. Self-Care will be the other lesson plan to address; abusive acts of self, dysfunctional expression affect, anxiety, and depression. The skills that will be addressed is physical health and well-being, mental health education, coping skills, interpersonal skills, and independent skills. Potential barriers to implementation and sustainability The proposed project will face several key correctional nursing resource issues like; recruitment, nurse preparation, the context of work and retention in an understudied sector in correctional nursing, and mental health inmates. The issue of retention and safety is also a barrier correctional nurses face, as well as a key concern for policymakers. Overall, retention of correctional nurses can be addressed by creating an environment with opportunities for prison nurses to identify their practice needs and meeting their learning needs appropriately.

The primary goal of the Correctional Facility is custodial care. Barriers that arise include; high security, regulated, and a punitive environment.

Correctional nursing as a whole presents unique challenges for nursing education. Subsequently, correctional nurses are not always able to obtain training or ongoing evidence-based education that is required for a prison setting.

Also, heavy workloads, lack of time and insufficient staffing led to barriers. Implementation and sustainability could be affected if the nursing staff failed to facilitate the pilot program for parolees. Uncertainty can be the degree of difficulty and complexity of prison nursing. The barriers to necessary treatment can be; social-psychological nature of nursing care, and

adjustments of tasks due to the unpredictability of inmate's. Instability can be described by the fluctuation in nurses' practice, due to unpredictable changes arising from mentally ill inmates.

This is reflected in; frequent nursing observations, frequent medical and non-medical issues, technical equipment, and time pressures. Intervention Evaluation In order to assess the feasibility of the intervention, data will be collected at the end of the intervention on response rate, goals, attrition, knowledge, perceived respondent burden, satisfaction, barriers and facilitators, and perceived feasibility of the intervention. In order to be able to compare the effects of the proposed intervention across time, participants will be asked to complete a similar survey at one month post-intervention. Education Skills and competency training will be used for nurses working in federal correctional settings.

The training delivers education on various aspects of nursing practice relevant to the correctional environment. It incorporates both theory and practical components and consists of five modules: the nursing process in assessing patients, fundamentals of nursing assessment, systems review, and pathophysiology; pharmacology; orientation to public health; addictions-clinical and pharmacological aspects; and standards of nursing documentation and legal aspects of nursing. Educational materials include; skits, role-playing, course material, relevant reference materials, learning activities, and a pre and post-test to evaluate participants' knowledge acquisition. A course evaluation is completed by each participant, and a detailed instructor's manual provides a review of each module, instructions

on delivery methods, instructor's notes, and overheads/ teaching aides.

Evaluation of the program will then be completed by the participants based on how satisfied they are with the education and the level of change in knowledge between the pre and post scores for all five modules. The educational content will provide a framework for the intervention developed in this pilot program. Therefore, the educational content will be tailored to the context and the mental health within the correctional system. Educational Delivery A modern approach will be done using a combination of classroom learning as well as web-based information.

The combination of learning styles is appropriate when workloads are high, and there is little time or resources to remove the nurses from practice to engage in continuing education. Current evidence-based data supports e-learning as a highly effective way of knowledge transfer tools. Using multiple learning styles will allow a facilitator or ' guide-on-the-side' format to interact with peers to enhance learning. Successful classroom and online learning engages nurses to be empowered to; collaborate, reflect, discussions and provide feedback, which help to increase retention rates and participant satisfaction (Watkins, 2005).

The education will be made available through an in-service or web-based learning platform. The web-based method will allow nurses to go through courses at their own pace and convenience and provide: consistency of training; accessible education 24 hours a day, seven days a week; an interactive discussion can be done using email where questions and concern can be addressed. Practice questions, role-playing, online activities such as

case studies, reflection, and scenario-based learning; and instructors with the skills required to deliver effective tools to inmates who have a mental illness. Key personnel and Stakeholders The key personnel who would contribute to the development of parolee's lesson plans would be the following; Supervising Registered Nurse 3, Nursing Coordinators, Supervising Registered Nurses, and Program Management. The California Board of State and Community Corrections reported a 30% increase from 2012 to 2016 for mental health needs. Mental health needs went from 13, 270 to 17, 350 inmates needing psychiatric services. The community as a whole are involved stakeholders.

Ethical considerations The Disability Rights of California specifically addresses the rights given by the constitution to address the mental health care within jails and prisons. The term, "deliberately indifferent" is when an official takes a "reckless disregard of a substantial risk of harm to a person". Any official who works with the incarcerated that knowingly harms or fails to reasonably prevent necessary steps to reduce or eliminate a risk is acting of, "deliberately indifferent". As a correlation to the mentally ill, we can be held in violation if healthcare workers had the intended to ignore the mental health need of the incarcerated population. This specific proposal has a no-risk- to -benefit conflict when addressing the "potential harm" to the nurses (DRC, 2016).

Proposed timeline/Budget Assessing the nurse's level of readiness for change, to obtain "buy-in" will take about a week. Reviewing the developed teaching material with the 26 nursing staff will take about two days.

Interventions are for two months with no more than 8 inmates. The classes will be held weekly for one hour sessions. To participate in the program the inmate must have a parole date with no pending charges. Then the collection of post-test will be about two weeks to collect and analyze. The cost of the pilot program is already allocated to the nursing department. An ongoing court order by Coleman has been given to increase the time mentally ill inmates can participate in structured activities outside of their cells.

Instead of giving the inmates extra time to watch television, play games or write letters, my goal is to utilize this time to have structured, goal setting lesson plans. Parole planning by the nursing department isn't required by the state parole department. However, as innovated advanced nurses we hold the responsibility to look outside the box. By providing interventions that our patients can use to transition into the community once they are paroled will overall reduce recidivism.