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Abstract Title:	From the Ground Up: Implementation of an Education Program in a New
	Comprehensive Burn Center
Author and Co-Authors:	Keisha Marie ONeill, MSN, South Carolina Burn Center Charleston South Carolina
	Kathleen Hollowed, MSN Adult Burn Program Manager South Carolina Burn
	Center/Charleston, South Carolina
	Ryan Howard, MSN Pediatric Burn Program Manager South Carolina Burn
	Center/Charleston, South Carolina
	Natalie Ball, MSN Nurse Manager/PICU South Carolina Burn Center/Charleston, South Carolina
	Marilyn Hauser, BSN, MSM Nurse Manager/STBICU South Carolina Burn
	Center/Charleston, South Carolina
	Justin Morris, DHA, MSN Nurse Manager/Adult Med-Surg South Carolina Burn
	Center/Charleston, South Carolina
	Anthony Hale, MSN Director of Nursing/Adult South Carolina Burn Center/Charleston, South Carolina
	Amelia Little, MSN Director of Nursing/Pediatric South Carolina Burn
	Center/Charleston, South Carolina
	Aaron P. Lesher, MD Pediatric Burn Surgery South Carolina Burn Center/Charleston,
	South Carolina
	Steven A. Kahn, MD Director South Carolina Burn Center South Carolina Burn
	Center/Charleston, South Carolina
Objective:	Identify the 2 teaching methods implemented in the new comprehensive burn
	center.
	Identify the learning model used to develop the education curriculum in the
	new burn center.
	Discuss the outcomes of the education curriculum implemented in the new
	burn center.
Abstract:	Introduction:
	A large academic hospital with a pediatric burn program recently expanded its services
	to take adults and create a comprehensive burn center. Prior to the opening of the
	comprehensive center, proactive training and education for all the nursing staff was
	designed and implemented, in amalgamation with an existing pediatric education
	program. The burn program ultimately opened during the pandemic, in the back drop
	of nursing shortages and turnover- further necessitating a solid educational
	curriculum. This study describes and evaluates the efficacy of a novel burn nursing education program based on the American Burn Association's nursing competencies.
	education program based on the American Burn Association's nursing competencies.
	Methods:
	Kolb's Experiential Learning Model was used to develop and outline the process for
	burn nursing education. Educational offerings were mixed didactic and simulation
	based. Didactic content included wound care and evaluation, chemical and electrical
	burns, airway and surgical management, rehabilitation and fluid resuscitation while
	simulation was utilized for wound care and wound care products and rehab. The
	didactic portion of the education was evaluated using a pretest-posttest design.
	Whereas, the simulation portion of the education was evaluated using verification in
	practice. A wound care/dressing check off sheet with a pass or fail scoring process was
	designed using the institutional wound care guidelines. The aim of the wound care

check-off, or verification in practice, was to have the nurse perform wound care both competently and independently. The check-off process was performed, both at the bedside and in simulation, by the nurse expert practitioner and the burn program manager. Nurses also evaluated the overall course on a 1-5 Likert scale. Pre and posttest scores were compared using a T-test, with a p-value of <0.05 considered significant.

Results:

A total of 202 registered nurses, both pediatric and adult, have successfully completed a written exam and been validated in practice for the simulation portion of their education. Average test scores form the didactic portion showed a statically significant increase from 63.66% 19.73 pretest to 86.36% 12.20 posttest, p=0.0052. Course evaluations were returned by 46 nurses (56%). Evaluations of the program indicated a mean of 4.5 /5 for efficacy of the program and 4.7/5 for speaker knowledge. The overall comments indicated the courses were very helpful and the nurses felt more confident in burn care after attending them.

Conclusion:

The burn nursing education program resulted in significantly higher post-test scores, reflecting an increase in burn knowledge. Upon review of the course evaluations, the program was rated as extremely effective by the participants. Nurses indicated they felt more confident and prepared to provide burn care. The participants requested more simulation versus didactic education for future planning. In response to their feedback, the current education model will transition to a hybrid model, with online education for the didactic sessions and enhanced simulation for FY 2022. As nurse recruiting continues, ongoing burn education will be necessary to provide a comprehensive orientation process that will lead to high quality patient care. All burn nurses will be required to complete an annual burn competency modeled from the ABA burn nursing competency initiative.

Disclosures:

Keisha Marie ONeill, MSN, No Disclosures Kathleen Hollowed, MSN, No Disclosures

Steven A. Kahn, MD|Avita Medical|Consultant/Speaker|Medline,
Inc|Consultant/Speaker| Integra Life Sciences|Consultant/Speaker|Vericel Inc|Advisor
Ryan Howard, MSN, No Disclosures
Natalie Ball, MSN, No Disclosures
Marilyn Hauser, BSN, MSM, No Disclosures
Justin Morris, DHA, MSN, No Disclosures
Anthony Hale, MSN, No Disclosures
Amelia Little, MSN, No Disclosures
Aaron P. Lesher, MD, No Disclosures