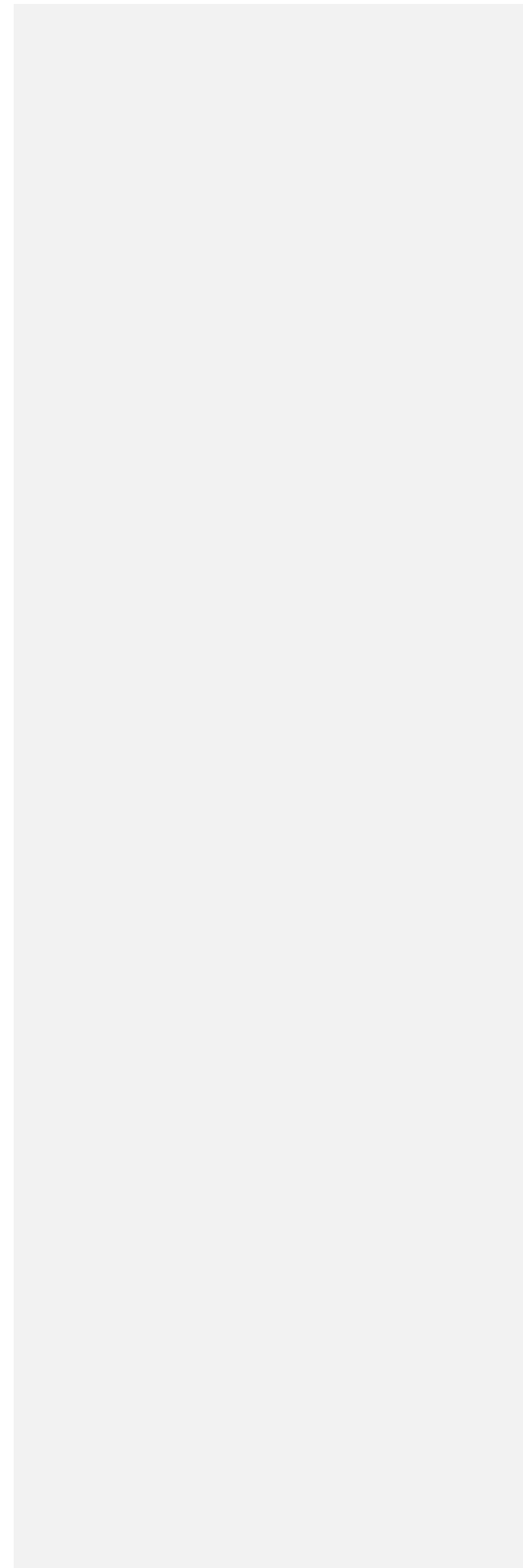


Teaching Project Summary

Eliezer Urbano

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**Problem: Danger of Blood Transfusion**

Blood transfusion is the most direct treatment for acutely anemic patients. Anemic or bleeding patients make up much of the clientele on a medical floor, which makes transfusion a required skill for the acute care nurse. However, blood transfusion is a risky process with complications and likelihood of error. The most stringent consequence is patient death. Therefore, hospitals impose several identity checks on blood administration. England's National Patient Safety Agency (2011) refers to incompatible transfusion of ABO blood products as a "never event" which is "very serious, largely preventable patient safety incident that should not occur if the available preventative measures have been implemented." But despite all the protocol, errors continue to exist. In a literature review of English text research, the most common blood transfusion error across all hospitals is a blood sampling (Oldham, 2014). The process of blood packaging, type and cross-matching, and patient identification is persistently vulnerable to human error. Even though mistakes are not necessarily made by the nurse, incompatible blood may be in a blood pack and incorrectly labeled. All transfusionists must be vigilant in detecting signs of transfusion reactions.

The current problem with blood transfusion at Mary Immaculate Hospital is that nurses may not be sufficiently knowledgeable about transfusion per the hospital's policies. Considering the possibility of error during blood administration and the fatal consequences of a missed error, teaching and reinforcement about transfusion is of importance.

**Audience: Medical-Surgical Nurses**

The target for the teaching is specifically registered nurses on Mary Immaculate Hospital medical floor, 3B Medical, who occasionally transfuse blood. The nurses on this unit have a

Commented [MR1]: And

wide range of experience, including recently-graduated nurses and nurses with decades of experience. The teaching aims to educate newer nurses about blood products, signs of transfusion reaction, and transfusion procedure. The teaching will also benefit more seasoned nurses by reviewing current hospital policies for blood transfusion. Nurses from other units who are interested in reviewing blood transfusion are also welcome to join the session.

The demographics of 3B Medical's nursing staff include White American, Black/African American, and Asian Americans. The Asian American designation is particularly notable for being mostly of Filipino origin. Despite the racial diversity, the staff is fluent in English. The nursing staff is mostly female with only two males. As far as religion, Mary Immaculate Hospital is Christian-affiliated, but does not hire based on religion. No unique teaching circumstances are noted.

#### **Assessment Strategy**

Prospective learners were assessed using a "Blood Administration Survey" that was composed of three sections. See Appendix A. The first section is comprised of questions that ask for a rating from 1-5 according to the survey taker's opinion. The question contents inquire for the survey taker's opinion on their comfort level with blood administration and their familiarity with blood administration policies. They also include how much experience they have with blood administration. These questions help determine how much 3B's medical nurses feelings towards blood administration. By asking these questions, we may be able to see if there is more need to focus on transfusion errors or on hospital policy. The second section asks for the learner's preferred session type, a convenient time of day to learn, and a best way to be informed of a session. It also asks for how many years of experience as an RN and as an acute care nurse. The final session is a "free answer" section that asks for the survey-taker's motivation to learn and

prior knowledge of blood administration. Asking for the learners' motivation level will also help shape the teaching session to accommodate as many learners as possible. Meanwhile, assessing learners' prior knowledge will help determine the session's comprehensiveness.

Commented [MR2]: Learner's

### **Standards of Practice and Performance: Academy of Medical-Surgical Nurses**

The teaching session is based on the standards set by the Academy of Medical-Surgical Nurses (AMSN) in the fifth edition of *Scope and Standards of Medical-Surgical Nursing Practice* (2012). AMSN's standards are relevant for those in the Medical-Surgical specialty and those preparing for certification in the specialty. Two standards stand out for this project: Implementation and Education. Implementation according to AMSN is that nurses "implement the interventions identified in the plan of care" (2012). Because blood transfusion is potentially a life-saving intervention, a learning session on the subject would benefit a new nurse. The AMSN's Education standard is that nurses "acquire and maintain current knowledge in nursing practice" and "pursue knowledge to enhance nursing expertise and advance the profession" (2012). Acknowledging that there is weakness in the blood transfusion skill creates an opportunity for teaching the skill. New nurses would acquire a skill and more experienced nurses would have their knowledge reinforced or enhanced with the unit's newer policies. AMSN also provides measurement for their standard, including having the nurse "seek experience to maintain and develop clinical skills and competence" (2012). This teaching lesson aims to provide one such experience.

### **Needs Assessment**

Sixteen registered nurses from 3B Medical had submitted a survey response. Most of the nurses in the sample size reported their experience in nursing as "less than a year" and "1-2

years,” while only three nurses reported having more than 10 years of experience. For blood handling experience and blood transfusion frequency, nurses tended to score a middling score of 3. Nurses on 3B Medical may not transfuse blood every day, but it is not uncommon to receive an order to do so. However, almost all responding nurses rated to be “fairly comfortable” to “very comfortable” with blood transfusion procedure and hospital blood transfusion policy. Only one nurse, with less than a year of experience, responded to be less comfortable with transfusion. Also regardless of experience, nurses felt that reviewing policies for blood transfusion would be valuable. This data suggests that many of the nurses on 3B Medical are new nurses, but they are also fairly comfortable with blood administration because they perform the skill fairly often. Therefore, the general opinion that teaching would be valuable suggests that the audience would be receptive to a learning session.

The survey also assessed the learning preferences of the audience. An assessment of the preferred time to learn showed that many 3B nurses prefer to learn in the morning, prior to a shift. Nurses were open to teaching sessions both during work and on days off. Weekdays were preferable to weekends. All surveyed nurses usually got information for educational opportunity via email. As for the most preferred methods of instruction, most nurses preferred group demonstrations, followed by online simulation and one-on-one instruction. When taking account this information about the audience, the audience is generally most attentive in the mornings during the workweek, and prefer to learn actively hands-on. Prospective learners were also asked about their motivation for learning. Most nurses cited internal motivators, such as “desire to grow,” “ambition,” and “interest” to drive their search for knowledge.

The free-answer questions provide a knowledge assessment about blood administration and Mary Immaculate Hospital’s transfusion policies. When summarizing key points about blood

administration knowledge, all nurses replied that transfusion reactions were most likely to occur in the first 15 minutes of transfusion. Some also included signs such as temperature change, shortness of breath, and. Only two nurses responded about blood types, and only one nurse referred to plasma as a blood component. Interestingly, most nurses did not differentiate Mary Immaculate Hospital's blood administration policy as different from their general knowledge of signs and symptoms. Other common responses were to check for blood transfusion orders, have a timed schedule for vitals, and to change tubing between packs of blood. Education on more signs and symptoms, which assessments to perform, and what the symptoms indicate may round out the nurses' knowledge. It may also help to teach what the hospital considers a blood product transfusion. A review of the hospital's policy will help build upon the nurses' general knowledge about blood administration.

Commented [MR3]: No period here

#### **Development of the Teaching Plan**

The teaching plan's objectives were developed around the results of the free answer section in the learning needs assessment, and placed on the chart in Appendix B. The first two objectives were in the cognitive learning domain in order to build on the knowledge that nurses demonstrated in the survey. The first objective was that nurses identify blood transfusion products. Generally, the nurses who responded to the survey were able to write isolated steps for blood transfusion, but only referred to packed red blood cells the only transfusable blood component. Blood components, such as plasma, would still need to be monitored for reactions even without no apparent blood cells. During the actual discussion, there was a question about blood type compatibility. Basic information about blood types, including type O as the universal donor and AB positive as the universal recipient. Learners were also advised to expect a type and crossmatch blood sample order from physicians in order to obtain the patient's correct blood

type. One experienced nurse assisted the teaching by quickly finding a chart online. Discussing blood type increased the length of time of the session, but the information is valuable for whenever a nurse identifies blood units. Next, the second objective was that the nurse could correctly list signs and symptoms of a blood reaction. In the learning needs assessment, the most common reply pertaining to procedure was that the nurse remain 15 minutes at bedside. Relatively fewer nurses would indicate signs and symptoms of blood reactions, so a short lecture on signs to look for during transfusion was also given. The intention was to have the nurse understand why the nurse must be at the bedside and what should be assessed during the initial 15 minutes. No changes were made during the teaching of this section.

Objective three, in which the learner performs a return demonstration of blood transfusion, was meant to be the longest part of the session. This demonstration, a skill in the psychomotor domain, included the retrieval of blood components, identification of patient, and disposal of materials after administration. Many nurses indicated that they preferred to learn one-on-one in the needs assessment. This part of the session was meant to cater to those who prefer more personalized learning. Teaching skills in a demonstration is more effective than discussion alone (Semler et al., 2015). However, during the actual lesson, it became cumbersome perform return demonstration with several learners. Some participants were more content to assist new nurses in performing the skill. The more experienced nurses felt that the newer nurses would benefit more from the return demonstration.

Finally, the group discussion, planted in the affective learning domain, served to summarize the lesson and gave an opportunity for the students to express any concern about the steps of the transfusion. By allowing the students to ask questions about the process, areas that the students were having trouble with were identified and reinforced. When learners were asked

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to express any worries, the newer nurses opened short dialog about obtaining vital signs on time. Some advice about delegation and time management was dispensed, as it was not addressed during any other part of the instruction.

### **Instructional Methods**

An outline was written according to the teaching plan objectives, which is provided in Appendix C. The first two objectives were delivered through two short lectures. The decision to use lectures was based on the time considerations for the teaching session. Lectures are used for presenting main ideas and giving background information (Bastable, 2014). After the lectures was a demonstration and return demonstration of transfusion. The demonstration was performed on demo equipment because it would be dangerous to practice on a person. The fourth objective of having the students express their concern about blood administration was made as a group discussion because group discussions are open-ended. The format of group discussion allows the learners to discuss feelings and empower learners (Tregea & Brown, 2013). It also created an opportunity to encourage the learners with positive feedback.

Meanwhile, the content covered was determined using the cognitive learning theory. In the cognitive learning theory, learners build upon their knowledge base with new information (Bandura, 2001). The teaching lesson must be informative, but not so comprehensive as to lose the audience's interest. Certain nursing basics were assumed to have been learned. For instance, the nurse was assumed to recognize when a patient appears out of breath, having a fever, or appearing flushed; the nurse should know the operation of an intravenous (IV) pump; the nurse should know how to establish IV sites. The teaching was not about the signs or pumps themselves, but instead builds on that knowledge to indicate that these are relevant to blood transfusion. Covering newer information would help engage the learners.



The teaching materials themselves were obtained with assistance from Mary Immaculate Hospital's staff educator, Janet Buser. The lectures were complimented with a poster-display with the corresponding lists. The poster was made out of a cardboard presentation display and printed Microsoft PowerPoint slides (see figure 1). The content of the slides were printed from select slides in two PowerPoint presentations. The first source presentation was "Blood Administration" by Shanna Negron (personal communication, March 6, 2015), an assistant staff educator at Mary Immaculate Hospital, which contains procedures from Mary Immaculate's most recent Blood Administration Policy. The second source was a webinar presentation "2014 ConnectCare Upgrade Blood Administration" by Bon Secours Health System (2015), of which Mary Immaculate is involved. The physical demonstration involved Y-site blood tubing, false blood, IV set, and examples of corresponding documentation (see figure 2). The false blood was made and assigned to be O positive. Labels with a demo patient's information were affixed to the blood pack and on an identification armband, which also indicated that the patient was O positive (see figure 2 and figure 3).

### **Evaluation**

The learning session took place in the morning near the end of the night shift and just prior to the beginning of the day shift. The timing was meant to accommodate the needs including those who prefer to learn after a shift, prior to a shift, in the morning, during work, and at the workplace. The available audience in the morning included two newly-graduated nurses, their preceptors, a nurse with one year of experience, and three other nurses with experience of five years or more. A question-and-answer was the most accessible evaluation for the information, especially during the first objective. The lecture was complimented with verbal questions during the presentation, including "What blood products do we have available in Mary

Immaculate?,” “When do we take vitals?,” “What size gauge IV catheter should be used?,” and “Who is able to dual-signoff for transfusion?” Less experienced nurses were hesitant to reply, but more experienced nurses were happy to answer. All verbal questions were correctly answered during the lecture.

In the second objective, a post-test was given to cover reactions and correct procedure during transfusion, including when a transfusion reaction is suspected. See Appendix D. Most questions were answered correctly 100% of the time. However, there are items that were consistently answered incorrectly. Item 6 was incorrectly answered in 4/8 tests. The error may be explained with the nature of in-service lecture that took place during work hours; the nurses who got the questions incorrect may have been drawn away by the patients in their care during this portion of the lecture. The second question that was consistently answered incorrectly is item 11. 3/8 tests were incorrect, and in this case, the group included the two new nurses. When learners were asked about this item after the test, they revealed that they did not know what rate “KVO” meant. Future teaching sessions could be considerate of acronym knowledge.

The final two sections were straightforward in their evaluation. The decision to follow the demonstration with a return demonstration was clear. There are several steps to preparing a transfusion, and the return demonstration allows some flexibility in the assessment. All learners who participated in the return demonstration were able to perform correctly with encouragement. As mentioned earlier, newer nurses preferred to do the demonstration. Experienced nurses were interested in the new documentation screens and new labels that were recently introduced to the facility, but otherwise, they were familiar with the skill. After receiving that information, they were content to help coach the newer nurses. Finally, the learners were allowed to express any concerns about the skill or the information. The newer nurses mentioned that taking vital signs at

intervals seemed to be cumbersome. So, advice was dispensed about delegation. Otherwise, the newer learners stated that felt more comfortable. The more experienced nurses had no questions.

### **Summary of Learning**

The education process has many parallels with the nursing process, which is surprising to the beginning nurse educator. First, a problem must be identified. This requires an assessment of the workplace. The problem in this project's case arose from a "near-miss" event involving blood administration. Then, an assessment of the audience's knowledge of the problem was performed, just as an assessment would be performed on a patient. Taking in data and deciding what should be taught is particularly challenging because each learner has a different style and different knowledge base. It may have been the most difficult part of the project. When appealing to a large audience, the material must accommodate newer nurses yet be interesting enough for more knowledgeable nurses. Striking that balance requires careful review of the needs assessment and knowledge about the teaching subject. The educator in this project needed to review his own blood administration knowledge. Next, choosing objectives to achieve is like choosing nursing diagnoses. They act as a plan of action. In this project, the teaching method varies in order to keep the attention of the audience. Creating teaching models for a demonstration can be fun, especially when materials are easily accessible. However, the teaching plan has to be flexible because the session may not proceed as planned. Finally, the evaluation of the learner is just like evaluation of the patient. Evaluation is rewarding because the educator can find that the teaching was effective.

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Figure 1. Poster display used during in-service presentation.



Figure 2. Blood transfusion set. Row 1: False blood, demonstration blood pack with demonstration labels, normal saline connected to Y-transfusion tubing. Row 2: 20 gauge IV catheter, example blood unit identification sheet. Row 3: demonstration ID band with patient name “Rogelio Needs Blood” with blood type O+, demonstration blood unit retrieval form.

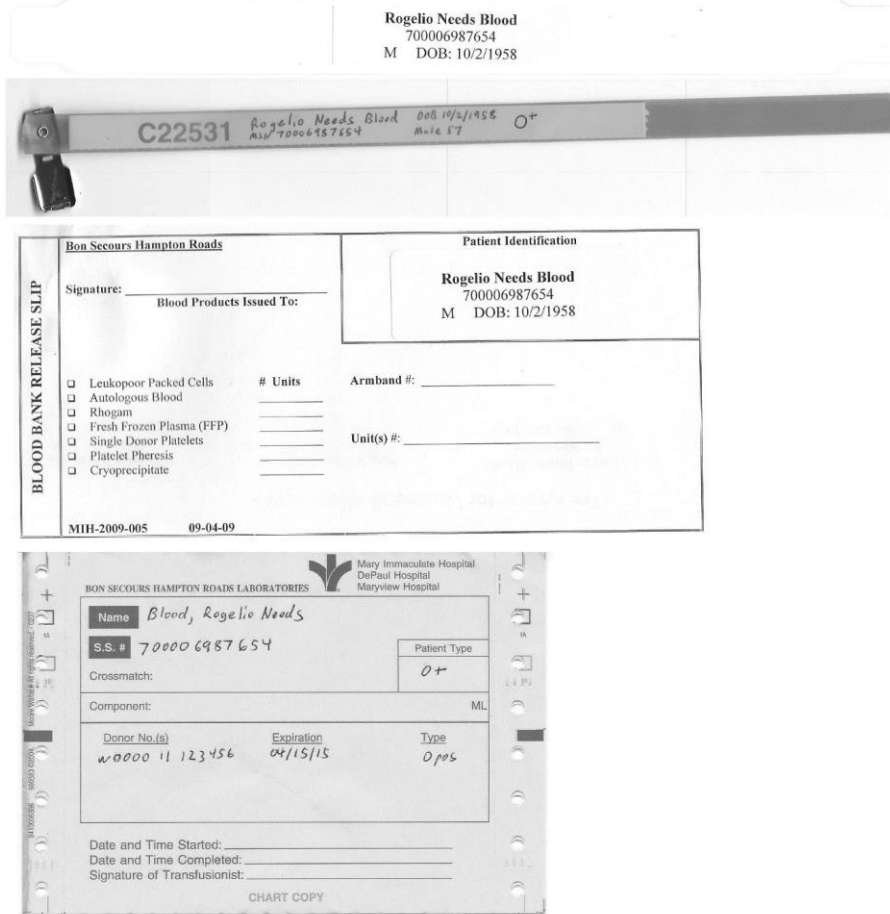


Figure 3. Close-up of demonstration ID bands, blood unit retrieval form, and blood unit identification sheet.



## Appendix A

## Blood Administration Learning Assessment

Please circle one number that most closely reflects your opinion to the question.  
How comfortable are you with blood transfusion?

Very Uncomfortable 1 2 3 4 5 Very Comfortable

How comfortable are you with Mary Immaculate Hospital's blood transfusion policies?

Very Uncomfortable 1 2 3 4 5 Very Comfortable

How much experience do you have with blood transfusion?

Limited Experience 1 2 3 4 5 Extensive Experience

How often do you perform blood transfusion?

Never 1 2 3 4 5 Very Often

How valuable do you think is to learn or review blood transfusion safety and policies?

No Value/wastes time 1 2 3 4 5 Very Valuable

What time of day is most convenient for you when learning? Check all that apply.

Morning  Mid-day  Evening  There are no convenient times  
 During work  During days off  Weekday  
 Prior to shift  After shift  Weekend

Which methods of instruction do you prefer? Please rank from 1-6

Reading information  Listening to lecture  Online Simulation  
 One-on-one instruction  Group demonstration  Learning Video

How do you find out about learning opportunities? Please check all that apply

Email  Flyers  Daily Huddle  Word-of-mouth from other nurses  
 Staff Educator  Clinical Care Coordinator/Nurse Manager

How many years of RN experience do you have? Please check one.

Less than a year  1-2 years  3-5 years  6-10 years  +10 years

How many years of experience as an acute care nurse do you have? Please check one.

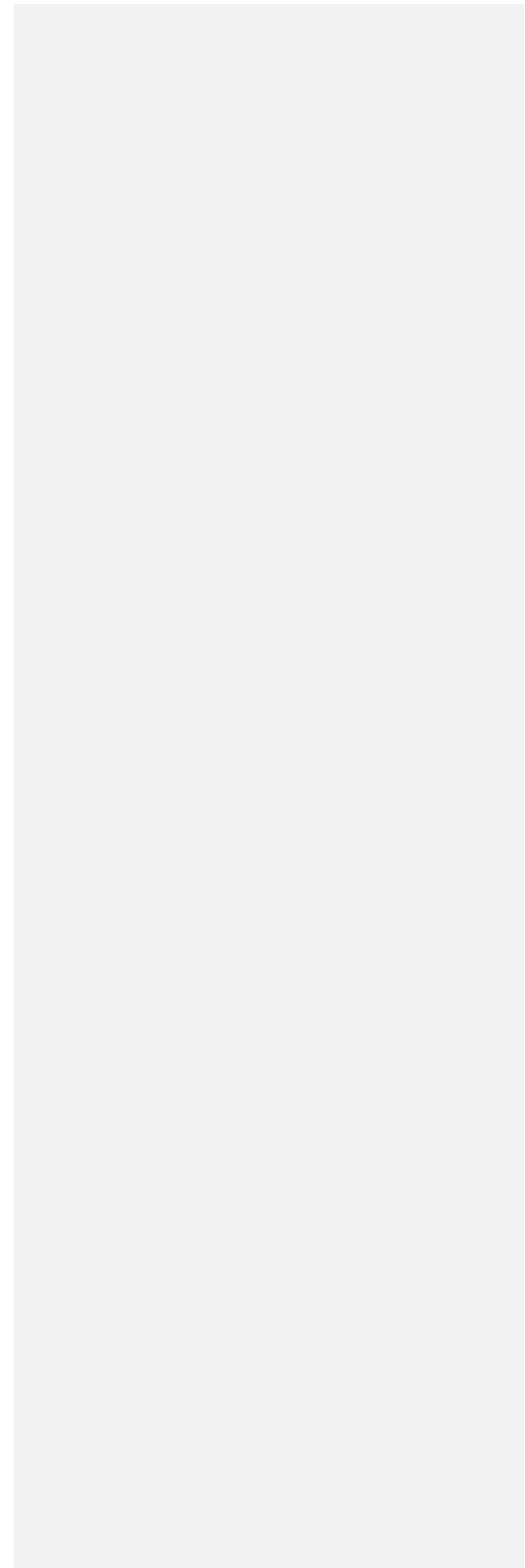
Less than a year  1-2 years  3-5 years  6-10 years  +10 years

Free answer section:

What motivates you to learn?

Summarize what you know about blood transfusion, including blood products and risks.

Summarize what you know about Mary Immaculate Hospital's blood transfusion policies.



Appendix B  
Teaching Plan

**Purpose:** To inform nurses of up-to-date blood transfusion policies to protect patient from transfusion error.

**Goal:** The nurse will be able to correctly transfuse blood components according to Mary Immaculate’s blood transfusion policies.

Objectives	Content Outline *	Method of Presentation	Time Allotted (In minutes)	Resources	Method of Evaluation	Outcomes
1) The nurse will identify what is considered a blood product. (Domain: cognitive)	1) Blood components that MIH provides	1) Lecture	1) 2min	1) Poster with blood component, hand-out display	1) Question and answer	1) Learners able to answer all verbal questions correctly. Experienced nurses answer sooner than new nurses.
2) The nurse will be able to correctly list signs of blood reaction. (Domain: cognitive)	2) Signs and symptoms of blood reaction Timing for blood reaction Protocol when reaction is suspected	2) Lecture	2) 5min	2) Poster with reaction symptoms	2) Post-test	2) No learners scored 100% on post-test. Most often missed question is due to question phrasing.
3) The nurse will perform return demonstration of correct preparation of blood administration according to MIH policy (Domain: psychomotor)	3) Correct IV access Demonstration of dual-sign off Correct tubing priming Correct vitals	3) Demonstration	3) 10 min	3) IV blood transfusion tubing, red food coloring, saline bags, labels with demo pt ID, blood	3) Observe Return demonstration	3) All learners were able to perform skill. Both newer nurses in audience were able to perform with some guidance. More experienced nurses assisted in teaching.

<p>4) The nurse will express which portions of blood transfusion cause concern (Domain: affective)</p>	<p>monitoring Proper tubing disposal</p> <p>4) Ask open ended questions about for feelings about blood transfusion Re-review parts that learners need to repeat Give suggestions</p>	<p>4) Group discussion</p>	<p>4) 5 min</p>	<p>retrieval form</p> <p>4) Poster with policy display</p>	<p>4) Question and answer</p>	<p>4)Learners expressed discomfort in time management of blood transfusion; lesson expanded to include delegation</p>
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Appendix C

Blood Transfusion Outline

1. Blood Products

- a. Packed red blood cells (RBC)
  - i. Complete in 4 hours
  - ii. Slow for 15 minutes, then can speed up
- b. Fresh frozen plasma (FFP)
  - i. 20 minutes or as fast that can be tolerated
- c. Platelets
  - i. 20 minutes or as fast that can be tolerated
- d. Rhogam (less likely on medical floor)
  - i. IM injection

2. Reactions: Signs & Symptoms

- a. Causes
  - i. Incompatible blood
  - ii. Contamination
  - iii. Antibodies react
  - iv. Allergic reaction
  - v. Overload
- b. Signs & Symptoms
  - i. Chills
  - ii. Fever

- iii. Nausea & Vomiting
- iv. Chest Pain
- v. Back/Flank Pain
- vi. Shortness of Breath
- vii. Urticaria
- viii. Flushing
- ix. Wheezing
- x. Laryngeal Edema
- xi. Jugular Venous Distention
- xii. Crackles
- xiii. Cough

3. Demonstration of blood administration

- a. Review labs: hgb 7
- b. Inform MD: order Expect type & crossmatch. Expect transfusion order.
  - i. Must have order to transfuse!
  - ii. Blood ID band to be given to patient by lab
- c. Prepare patient for transfusion
  - i. Obtain consent
  - ii. Bank release slip filled out with correct ID label
  - iii. IV site
    - 1. Central line
    - 2. Hemodialysis catheter

3. 22 g peripheral IV
- iv. Tubing: good idea to prepare
  1. Infusion tubing
  2. Hang with normal saline only
- v. Obtain baseline vitals
- d. Initiating transfusion
  - i. Obtain unit from blood bank with slip: check unit with slip
  - ii. Begin infusion in 20 minutes from obtaining unit
  - iii. ID check at bedside with other RN, dual sign-off
  - iv. Documentation in ConnectCare
  - v. RN at bedside the first 15 minutes
    1. Increase after first 15 minutes if tolerated
    2. 15 min x4, 30 min x2, then q1h until complete
- e. Disposal
  - i. Tubing can be used for 4 hours or 2 units
  - ii. Waste more than 4 hours – document
  - iii. Waste in biohazard
  - iv. Start over if another unit is necessary
4. Discuss possible areas of concern
  - a. Suspected reaction
    - i. STOP transfusion
    - ii. Notify MD, Nurse supervisor, blood bank

- iii. NS KVO
- iv. Documentation
  - v. Transfusion reaction panel
  - vi. Draw pink tube
  - vii. Send complete set to lab
  - viii. Send first urine to lab
- b. Ask learners for places where not confident
- c. Recommend resources or delegation
- d. Offer opportunity for repeat of certain information



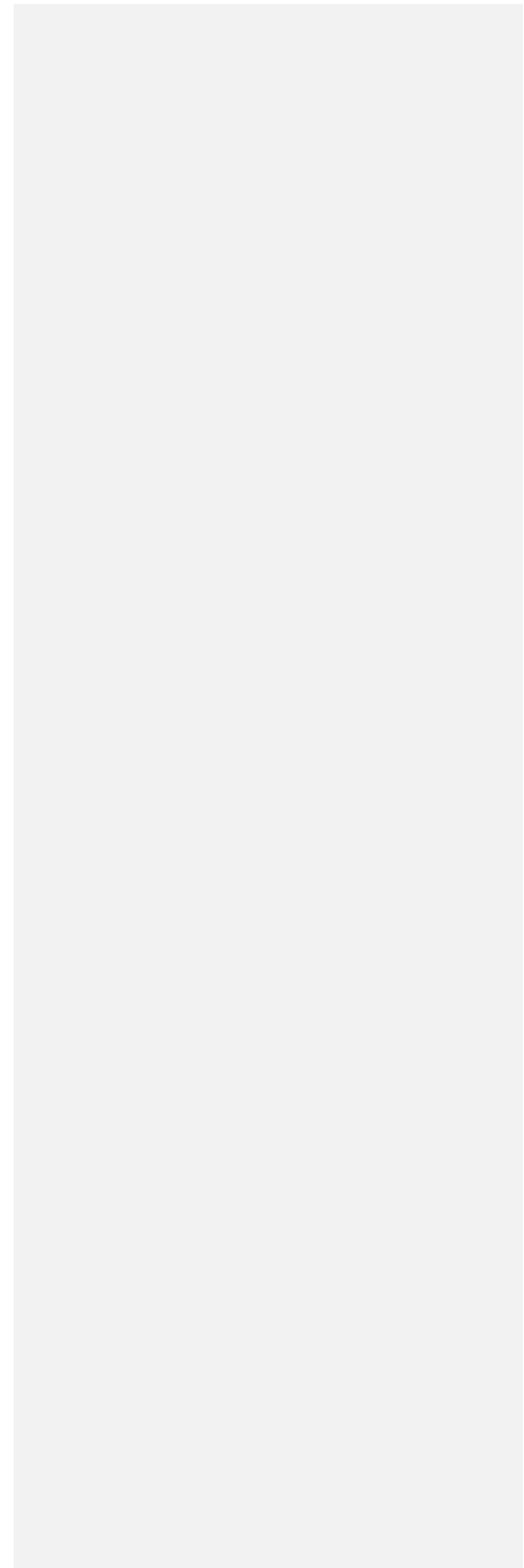
Appendix D  
Blood Administration Post-test and Answer Key

True or False: Indicate whether the statement is T (true) or F (false).

- 1) T F Fresh frozen plasma (FFP) is run over 20 minutes or as fast as the patient can tolerate.
- 2) T F Red blood cells should be administered using Y-type filter tubing.
- 3) T F Red blood cells transfusion can take place over five hours.
- 4) T F Reactions most likely to occur in the first 15 minutes of transfusion.
- 5) T F One RN and one CNA can sign off to begin the blood transfusion.
- 6) T F Blood transfusion must begin within 30 minutes, otherwise it should be returned to lab.
- 7) T F Vitals should be taken for baseline, then q15 min x4, q30 min x2, and q1h afterwards.
- 8) T F Tubing can be used for 2 units of blood or 6 hours, whichever comes first.
- 9) T F Chills, fever, nausea & vomiting are signs of transfusion reaction.
- 10) T F If reaction is suspected, the transfusion should always be STOPPED, and MD, nursing supervisor, and lab notified immediately.
- 11) T F If reaction is suspected, normal saline should be infused at 100ml/min in new tubing.
- 12) T F If reaction is suspected, send to lab the complete blood pack and tubing, pink tube blood sample, and the first urine after the reaction.
- 13) T F If transfusion was not completed in 4 hours, then the rest of the unit should be wasted.
- 14) T F The pink slip on the blood unit can removed as soon as transfusion begins.
- 15) T F If the patient tolerates the blood transfusion for the first 15 mins, then the rate can be increased to a desired rate.

Answer Key

- 1)T
- 2)T
- 3)F
- 4)T
- 5)F
- 6)F
- 7)T
- 8)F
- 9)T
- 10)T
- 11)F
- 12)T
- 13)T
- 14)F
- 15)T



Honor Pledge

“I pledge to support the Honor System of Old Dominion University. I will refrain from any form of academic dishonesty or deception, such as cheating or plagiarism. I am aware that as a member of the academic community it is responsibility to turn in all suspected violators of the Honor Code. I will report to a hearing if summoned.”

Name: Eliezer Urbano

Signature: Eliezer Urbano

Date: 4/12/15

**TEACHING PROJECT SUMMARY PAPER  
GRADE SHEET**

Grading Criteria	Comments	Points
<b>Introduction (5)</b> <ul style="list-style-type: none"> <li>Overview of project and description of problem that was addressed by the instructional intervention</li> </ul>	Great intro	5
<b>Target Audience (5)</b> <ul style="list-style-type: none"> <li>Features and demographics of target group are described</li> </ul>	Great explanation of your target audience	5
<b>Standards of Practice (5)</b> <ul style="list-style-type: none"> <li>Specialty-specific standards are described, and relationship to project established</li> </ul>	Great discussion of how your SOP relate to your established teaching project	10
<b>Needs Assessment (10)</b> <ul style="list-style-type: none"> <li>Includes information that establishes need for instruction, as well as the needs of the learner</li> </ul>	You have identified the need for instruction as well as identifying the needs of your learners which is great to guide your methods of instruction-great job 😊	10
<b>Teaching Plan (10)</b> <ul style="list-style-type: none"> <li>Objectives are consistent with purpose and goals of the instruction</li> <li>Content is relevant to the objectives</li> <li>Method of instruction, time and resources are appropriate for the objectives</li> <li>Evaluation methods and outcomes are appropriate for the objectives</li> </ul>	Teaching plan is accurate and complete with your outcomes for each objective listed which are actual and measureable.	10
<b>Instructional Strategies (20)</b> <ul style="list-style-type: none"> <li>At least 1 learning theory is used to support the choice of instructional methods</li> <li>Cultural considerations related to instructional methods selected for use are addressed</li> <li>Other literature sources besides the course textbooks are used to support the choice of instructional methods</li> </ul>	Great discussion regarding your instructional strategies-you did not address any cultural considerations-used other literature beyond your text to support your choice of instructional methods-great job	18
<b>Evaluation (10)</b> <ul style="list-style-type: none"> <li>Methods are described and results presented</li> </ul>	Evaluation is great and includes data from your actual teaching evaluation method-great job	10

Summary <b>(5)</b> -Reflects on the project and the personal learning that occurred	Great summary	5
Format & Style <b>15</b> <ul style="list-style-type: none"> <li>• APA Format</li> <li>• Grammar, spelling, punctuation</li> <li>• Not to exceed 10 pages</li> <li>• Honor Code</li> </ul>	Minimal to no errors found	15
References <b>(15)</b> <ul style="list-style-type: none"> <li>• The citation of 5 relevant sources from the professional nursing literature (above and beyond course textbooks) are included in the text of the paper and on the reference page.</li> </ul>	Utilized at least 5 relevant sources above and beyond the class text	15
<b>Total</b>	Wonderful job Eli it is evident the amount of work that you put into this presentation and I am very proud of you!! Great job ☺	98/100