

Is a poster presentation (as opposed to simulation only) an effective way to teach nurses about the Promoting Vaginal Birth (PVB) program?

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Background

In 2014, the American College of Obstetricians and Gynecologists (ACOG) wrote that the cesarean section (C/S) was being overused--especially in primiparas; although C/S rates were rapidly rising, maternal and neonatal morbidity and mortality were not decreasing. In 2016, the California Maternal Quality Care Collaborative (CMQCC) published a toolkit to help providers reduce primary C/S.

In an effort to decrease our unit's own C/S rate, especially for primiparas, LDR staff and leaders expressed a desire to better promote vaginal birth.

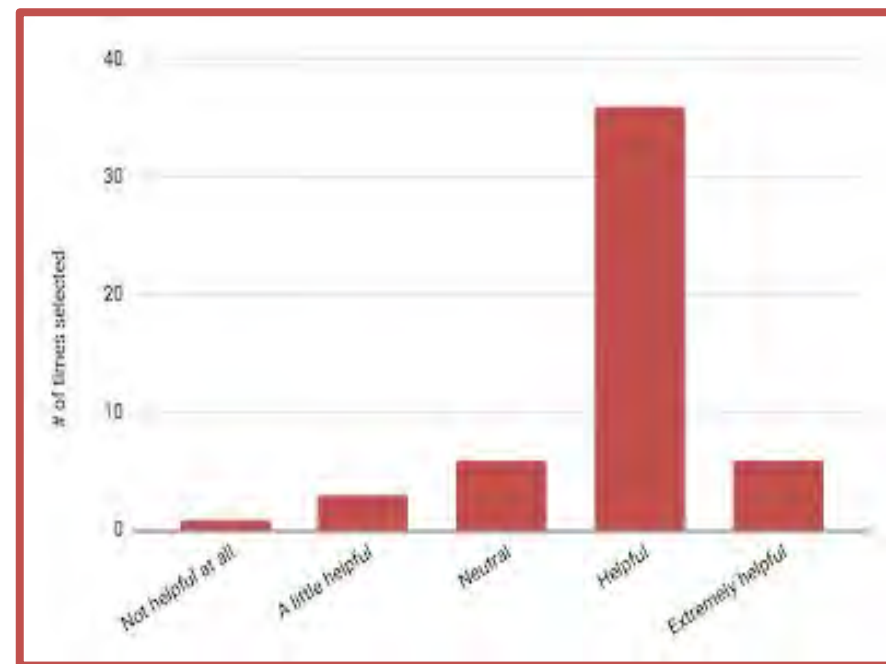
Purpose

The purpose of this project is to examine the degree to which LDR nurses find a peer-to-peer presentation (instead of only simulation) helpful in increasing confidence in PVB, as measured by survey results.

Methods

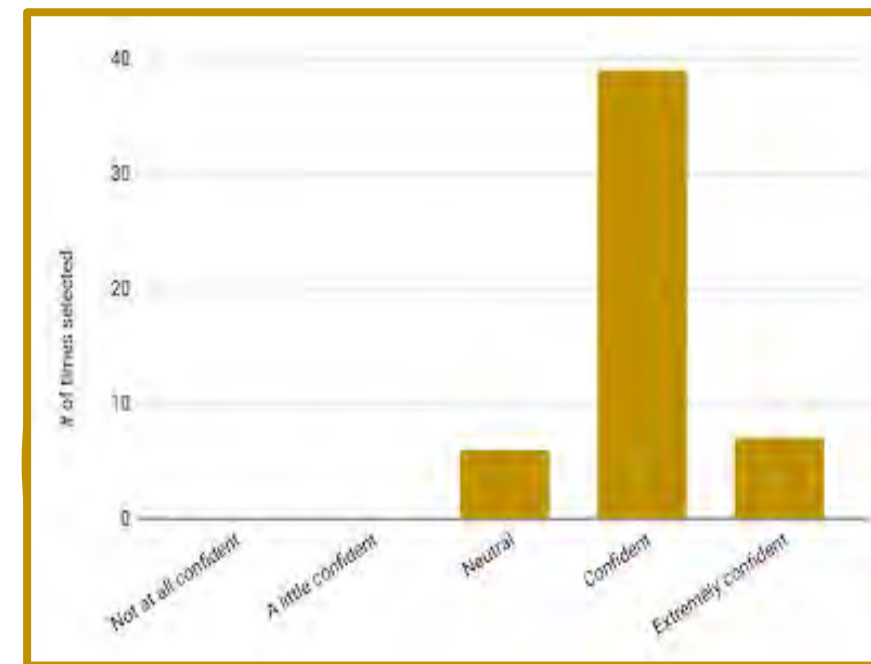
- The literature review showed:
 - Presentations are an effective teaching technique for large groups of people to get the same facts.
 - Watching a poster presentation made nurses feel:
 - significantly more able to explain how orders reflected evidence-based practice (EBP), and
 - significantly more likely to fulfill nursing orders that were clearly based on EBP.
 - Q-and-A forums (or opportunities for the audience to provide feedback) directly after the presentation actively engages the audience, is collegial, and results in more positive ratings.
- Based on these findings, we decided to do 3 shift-change poster presentations (1 on days, 2 on nights) over 3 days. Posters had information from CMQCC's toolkit. Presentations lasted 5 minutes.
- To engage the audience and evaluate our teaching and IFMC's PVB program in general, directly after the presentation we encouraged nurses to complete and submit an anonymous survey.

“To what degree was this information helpful in your efforts to promote a vaginal birth?”

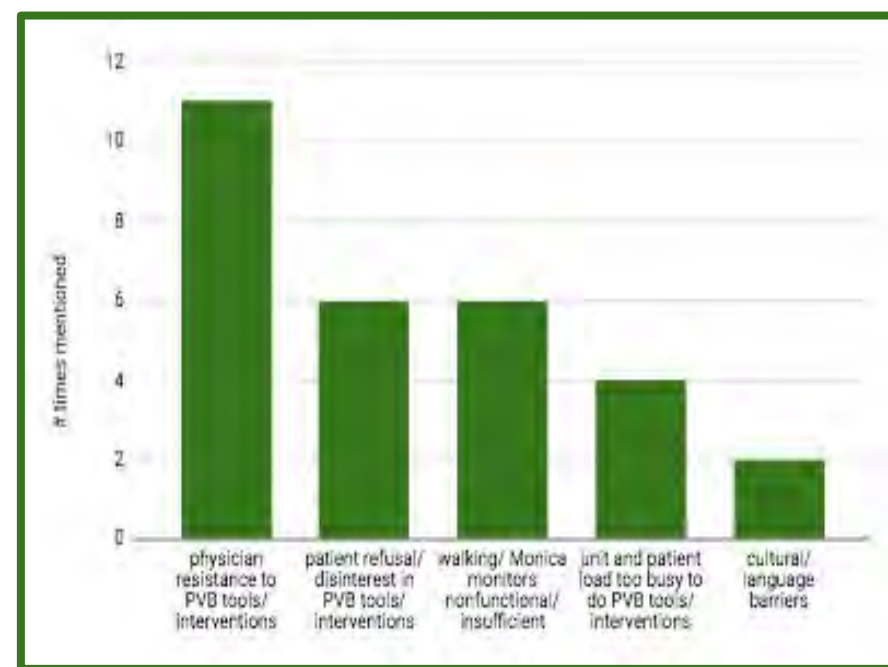


Average response (1-5 Likert scale): 3.8 (“**Helpful**”)

“After this presentation, how confident do you feel in your ability in promoting a vaginal birth?”

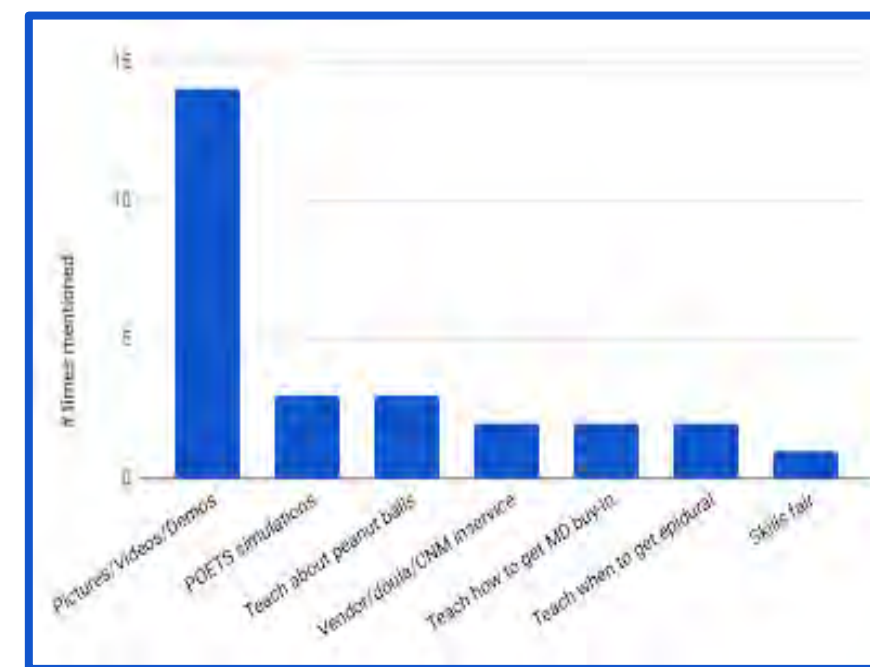


Average response (1-5 Likert scale): 4.0 (“**Confident**”)



Physician/Patient resistance, monitor issues, busyness, culture/language

“Are there any barriers that might hinder you from implementing these interventions?”



Visually-based teaching, sim, guest speakers, info about peanut ball

“Are there other educational methods that you feel would be more helpful to you in promoting vaginal birth?”

Findings

- Most nurses found the poster presentation to be moderately “helpful” in assisting them with PVB.
- After the presentation, most nurses felt moderately “confident” in their ability to PVB. (It is not clear how confident they felt prior to the presentation.)
- Nurses identified several barriers to PVB, especially physician/patient resistance, monitor difficulties, insufficient time, and culture/language.
- Many nurses suggested that future PVB education should have pictures, videos, and/or demos. Other ideas included simulations; inservices from doulas, vendors, or midwives; and skills fair. Topics of interest included utilizing peanut balls, getting physician buy-in, and timing epidural placement.

Implications for Practice

- Contemplating other topics that would benefit our unit and peers to review in huddle (i.e communication with physicians, c-section reduction, etc)
- Gathering other educational materials in order to review promoting vaginal births as well as other helpful topics in ways other than just a poster presentation as requested by our peers in our survey
- Continuing to do in-service peer presentations during shift huddle

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Acknowledgements

Many thanks to Janet Hooper; the Inova Library staff; _____ This study was sponsored by the IFMC Nurse Residency Program.