

## ABSTRACT

While being admitting to the medical/surgical floor, the education given to the patient about their stay is vital. This education can often deter the patient's length of stay and recovery period as it can affect the patient's anxiety level and knowledge of their expected recovery while on the unit. The purpose of this paper is to educate nurses on the importance of video education in hopes of filling the gap of consistency in admission education given, decreasing patient anxiety, increasing satisfaction, and improving knowledge. Evidence-based research about video-based education supports positive impacts on patients while improving quality of life and improving patient's attitudes.

## PICO QUESTION

For newly admitted adult patients on the medical-surgical unit, how does a video orientation improve patient satisfaction and self-advocacy as compared to the current standard of care?

## LITERATURE REVIEW

Giving the correct information at the correct time is an ongoing challenge.

- Pilot study showed a significant reduction in anxiety in patients offered video education than educational leaflets (8).
- A systematic review showed that video interventions positively affected care and decision-making preferences (2).
- Increased quality of life and quicker healing processes have been found in video education provided to the patient (9).
- Videotaped instructions to be cost-effective and a way of standardizing information given to each patient (5).
- The use of standardized video-based education indicates effectiveness in preparing patients, decreasing readmission rates with being essential in establishing a culture of patient safety (10).
- One disagreement was that if clinicians are looking to modify or change patients' lifestyles, using a narrative presentation format instead of a video presentation is more effective (1).

# Impact of Video Education on Patient Satisfaction

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## PROJECT METHODOLOGY

When appropriate education is given to patients, it can eliminate patient non-compliance and help develop sustainable healthy behaviors (9). Education shared with patients should provide enough understanding to improve participation in their care, access to resources, compliance with instructions, and decreasing anxiety (7). The most common ways of providing education are written or verbal instructions; however, many times, patients do not understand the written or oral instructions (3). When there is a misunderstanding of the instructions or a lack of comprehension of the education provided, the patient's anxiety increases. Decreasing patient anxiety will increase patient compliance and outcomes.

### Plan and Implementation

Completion of the following steps to implement the project on the Medical-Surgical nursing unit at Sevier Valley Hospital for all patients to view when admitted to the unit:

- a meeting with the unit manager, director of nursing, marketing supervisor, and administration to present the project idea
- Once approval and feedback are received from leadership, individuals from the medical surgical nursing staff will be asked to assist in producing the video
- Leaders will distribute education on the new process via daily huddles and staff meetings, ensuring that all nursing staff is aware of the change, the planned go-live date, and the research behind it.
- Shared leaders will be tasked with assisting leadership with communicating the information and support the implementation.

### Evaluation

Evaluation of the effectiveness of implementing the admission education videos includes:

- The access and review of the facility's HACAPS scores. These scores will be compared to the previous years.
- The success of the project will result in an improvement in scores between the two years.
- The nurse manager will also acquire feedback on the new process while rounding on patients daily.
  - Questions will assess for patient's level of anxiety, knowledge of the unit orientation, and feedback on the orientation process.
- Patient's feedback on orientation process will be shared with unit nurses to evaluate need for changes.



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## THEORETICAL FRAMEWORK

The Advancing Research and Clinical Practice Through Close Collaboration (ARCC) model is used to provide healthcare and clinical settings with the framework that can guide the implementation and sustainability of evidence-based practice (EBP) to achieve quality outcomes (6).

- Begins with asking a clinical question, incorporating research and practice-based evidence in decision making with the model implemented in a healthcare system for twelve months (10).
- Implementation is with an evidence-based practice implementation scale consisting of eighteen Likert scale items. Using the Likert scale allows individuals to express how much they agree or disagree with how the new process is going (4).
- The final step of the ARCC process is for EBP mentors and leaders to impact providers, patients, and system outcomes by then making a difference in patients' lives and organizational success (9).

## CONCLUSIONS

Findings suggest that adding video education to clinical practice will positively impact patients by reducing anxiety, increasing knowledge and understanding, and creating consistency in teaching. While also improving quality of life and patient attitudes. If appropriate education is given to patients, it can eliminate problems and help support patients to develop sustainable healthy behaviors (1). Using the ARCC model process, video education will become a part of the clinician's and nurse's educating and instructing patients.

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