

# **Do inservices work? - Impact of an immersive, brief session education curriculum on emergency nurses' knowledge & self-efficacy**

Samuel Brookfield RN<sup>1</sup>

<sup>1</sup> Royal Brisbane & Women's Hospital, Department of Emergency Medicine, Butterfield St, Herston, 4006.  
samuel.brookfield@health.qld.gov.au

With the need to rationalize health spending, allowance for nursing education provided by the public health system has narrowed considerably. Continued education for health professionals at all levels of experience is a demonstrated requirement for ensuring best practice and a registration requirement with the Australian Health Practitioner Regulation Authority (AHPRA). Therefore educational initiatives must look at ways to provide substantive, low-cost, and highly effective interventions that benefit all nursing staff, and thereby improve patient care. The emergency environment presents a unique combination of diverse clinical issues, levels of acuity, and required skill sets. Therefore continuing education is of particular importance in an environment that responds rapidly to evidence-based changes in practice and clinical management, and societal trends.

The purpose of this study is to determine whether education during traditional inservice time, using innovative and evidence based techniques, and by better utilizing and directing already existing time and resources, improves two core elements of effective emergency nursing practice: academic and factual basis (nursing knowledge), and the capacity to perform psychomotor skills within high stress environments (self-efficacy).

This study will evaluate a quality improvement project using a pretest-posttest design and has recruited junior registered nurses (RNs) ( $n = 27$ ) in a tertiary emergency department. The education program is a six-week intensive focusing on respiratory and ventilation issues, and patient centred care. A knowledge assessment test has been developed based on a department knowledge gap-analysis, and reviewed by senior nursing staff. It is comprised of 12 short answer questions. The Nursing Care Self-Efficacy Scale was selected, as a well-validated tool for use with this population. Participants will all be pretested using the knowledge and self-efficacy assessments, receive the education program, and then be reassessed in the final week of July. All participants have completed pre-testing and the intervention is being implemented at time of writing, with data analysis being conducted during August.