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# **Improving nursing students' knowledge of ISBAR using a Power- Point presentation**

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Title of publication <b>Improving nursing students` knowledge of ISBAR using a PowerPoint presentation</b>		
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Abstract  <p>The purpose of this project thesis was to produce an education material for the nursing students of Satakunta University of Applied Sciences. The educational material was produced in form of a PowerPoint presentation. The objectives of this projective thesis were to improve the communication skills of nursing students, to teach nursing students how to handover patients using ISBAR and for the authors to learn how to make a project using a power-point presentation.</p> <p>The thesis report consists of three major parts: theoretical background, project implementation, and project evaluation. The concepts discussed in this thesis project were: Patient safety, ISBAR, and Educational material. These core concepts were specifically chosen for students to understand the topic. The literature for this part of the thesis was retrieved from academic and scientific databases.</p> <p>The Waterfall method of project method was used for the project thesis. The Waterfall method was linear and sequential, which was beneficial for the project management side.</p> <p>A copy of the educational material that is the PowerPoint presentation and a survey link was sent to nursing students and few nursing teachers to measure the quality and helpfulness of the educational material. The survey was composed of four different open questions and one open question for a suggestion. In conclusion, the result of the survey suggested that the PowerPoint was easy to read and the teacher gave some feedbacks that the PowerPoint presentation needs some clarifications and additional information. And also the authors have learned how to improve on producing educational material using a PowerPoint presentation.</p>		
Keywords: Patients safety, ISBAR, Educational material		

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## 1 INTRODUCTION

About 11% of unintended patient harm were attributed to communication failure (Website World Health organisation 2007). Effective communication has been recognised as a very important factor in ensuring patient safety. SBAR, which stands for Situation-Background-Assessment-Recommendation -method of communication, has proven to be an effective communication tool in hospital and acute care settings. It is used to construct high urgency communication, especially among nurses and between nurses and doctors (Velji et al, 2008, 73).

Important patient care information is transferred from one healthcare staff to another using the SBAR method of communication during patient handover for care continuity, or when patient care is been reviewed or when more patient care is been requested. In health care, giving a report is the most important way of transferring information between two different units (Website of World Health organisation 2007).

The authors' choice of the above topic was to produce an educational material suitable for patient care handover for SAMK's nursing students who are currently undergoing their placement or will do so in the future. It is also of the authors' view that this project may benefit SAMK's students who are currently working at Soteekki, which is a social and health service centre owned by SAMK. The authors were also motivated by the interesting nature of this topic as issues concerning safe patient identification and quality healthcare communication cannot be overemphasized.

## 2 THESIS PURPOSE AND OBJECTIVES

The purpose of this project was to produce educational material for SAMK's nursing students on the use of ISBAR. The objectives of this project were:

- To improve the communication skills of nursing students.
- To teach nursing students how to handover patient using ISBAR
- For the authors to learn how to make a project.

## 3 ISBAR AS A SAFE COMMUNICATION TOOL IN HEALTHCARE

### 3.1 Patient safety in healthcare

Patient Safety is a branch of healthcare that emerged as a result of the developing complexity in health care systems and the subsequent increase of patient harm in healthcare environments (Website of World Health Organisation 2019). Patient safety aims to prevent and reduce mistakes, harm, and risks that happen to patients during the provision of healthcare. A key foundation of patient safety is constant improvement hinged on learning from mistakes and adverse events (Website of World Health Organisation 2019). About 10% of patients who receive care in hospitals suffered some adverse effects during their treatment (Website of National Institute for Health and Welfare 2019). These could be a result of poor communication, medication errors, and other safety lapses in healthcare environments. Patient safety is considered to be the least tolerable risk of avoidable harms related to healthcare (Paiva, Oliveira, Silva, Maia, & Alves 2019, 1-2).

Patient safety aims to reduce healthcare-related risks to a minimum acceptable level. There is a growing number of programs for the promotion of patient safety and care quality in healthcare (Settani et al. 2019, 1). Within the healthcare system, nursing plays an important role in assuring patient safety because they have direct contact with

patients and their families. However, it is still necessary to improve the processes involved in clinical nursing practice to safeguard patient safety. One of such processes is the communication among nursing and other healthcare professionals during patient handover (Monteiro, Avelar & Pedreira 2020, 1-2). Communication and teamwork challenges have been a major cause of many medical errors that endangered patient safety (Pettit & Duffy 2015, 26). In some situations, efforts to improve patient safety and care quality may be jeopardized by the communication cum cooperation barriers that exist among healthcare personnel. This could occur between nurses or nursing and medical personnel or even other healthcare professionals (Pettit & Duffy 2015, 24).

The communication between nurses and other healthcare professionals directly affects patient safety because it records and provides patient care information during the care process. It is thus an important tool used by professionals to pass vital clinical information objectively and clearly for the continuity of patient care (Settani et al. 2019, 6-7). Efficiency in communication among healthcare professionals may reduce the incidence of healthcare-related errors and, therefore, promotes patient safety (Settani et al. 2019, 1). The use of structural communication tools may help in achieving effective communication, which will go a long way in ensuring patient safety.

Good communication among healthcare staff is very vital in quality care delivery (Moi et al. 2019, 6-8) and is an essential part of healthcare personnel competence (Pang 2017, 1-4). A failure in communication among healthcare personnel could lead to poor treatment outcomes, delay or wrong medical diagnosis, longer hospital stays inappropriate treatment, and even mortality in some cases (Mannix, Parry & Roderick 2017, 215–217). A lack of standardization and structure has been identified as a major course of communication failure in healthcare (Moi et al. 2019, 6-8). This communication failure could occur among healthcare personnel of the same profession as nurses or between two or more different professions like nurses and doctors (Foronda et al. 2015, 383-385). Data from several adverse events investigations have shown that communication failures were a major contributory factor to those events and may also compromise patient safety in a critical procedure like surgery (Pang 2017, 1-3).

The transfer of professional responsibility from one healthcare professional to another also known as clinical handover is one healthcare procedure that requires structured

and standardized communication (Pang 2017, 1). Clinical handover plays a vital role in transferring accountability and responsibility from outgoing clinical personnel to the incoming clinical personnel and that is why adequate and correct information must be passed on (Chiew et al. 2019, 26-28). Clinical handover has been identified as an area of high risk in patient safety (Mannix et al 2017, 216). Miscommunication during patient handover is one of the major causes of adverse events in hospitals. This could be due to inefficient communication structure, individual or organizational factors. Misidentification of a patient and medication overdose are all examples of what could go wrong as a result of miscommunication during handover (Bost, Crilly, Patterson & Chaboyer 2012, 133–141). The use of ISBAR during patient handover may lead to improved patient safety and quality of care delivery (Leonardsen, Moen, Karlsøen & Hovland 2019, 1-5).

### 3.2 ISBAR as a communication tool in healthcare

ISBAR stands for Identify, Situation, Background, Assessment, and Recommendation (Moi, Söderhamn, Marthinsen, & Flateland 2019, 6). ISBAR is a structured approach to communication among healthcare professionals (Kitney et al. 2017, 13). It was created by the USA armed forces to standardise the transfer of information among the US armed forces. ISBAR was adopted by the public health service in the 2000s. ISBAR is one of the many communication frameworks among healthcare professionals and its use has been shown to improve patient safety (Moi et al. 2019, 6-22).

The word “I” is for identity. It allows healthcare workers to identify themselves and patients as the receiver of the information (Chiew et al. 2019, 26-31; Kitney et al 2017, 13). To properly identify a patient, the patient name, sex, date of birth, identification number must be mentioned. This is important as two or several people could have the same or similar names and mentioning date of birth and identification number could help to prevent misidentifications (Chiew et al. 2019, 26-31; Kitney et al 2017, 13.)

The word “S” is for the situation of the patient. This explains for instance why the patient is seeking medical care or the immediate reason for the current patient's attendance to the hospital or acute care setting. In this stage of communication, the main reason for the patient admission to care is communicated to the other healthcare personal and this will form the main focus for the care to be delivered (Chiew et al. 2019, 26-31; Kitney et al 2017, 13).

The word “B” is for the background and it is involving the communication of the relevant patient's medical history for instance if the patient is diabetic or if he or she has dementia. Also, questions like whether the patient lives at home or in a care institution, whether the patient lives alone, or how the patient is mobilized are discussed here. The background stage of communication provides additional information that will be very relevant in providing patient-centered care. It is also very critical in providing safe care, for instance, if a patient is diabetic even though he or she is been admitted for back pain, the blood glucose level will be effectively monitored also (Chiew et al. 2019, 26-31; Kitney et al 2017, 13).

The word “A” is for the Assessment, where the possible or actual diagnoses are communicated through. For instance, a patient may be presenting confusion with a background of bilateral leg ulcer and the assessment could be low blood sodium (Chiew et al. 2019, 26-31; Kitney et al 2017, 13).

The last word “R” is for the Recommendation, at this stage of the communication the care plan is outlined. This include for instance, what treatment will be given to the patient and are there any other plan as may be deemed necessary (Chiew et al. 2019, 26-31; Kitney et al 2017, 13). During clinical handover, nursing use the ISBAR hand-over form, which has some of the items pre-written thus requiring nurses to choose from the options. Below is figure 1 illustrating ISBAR.

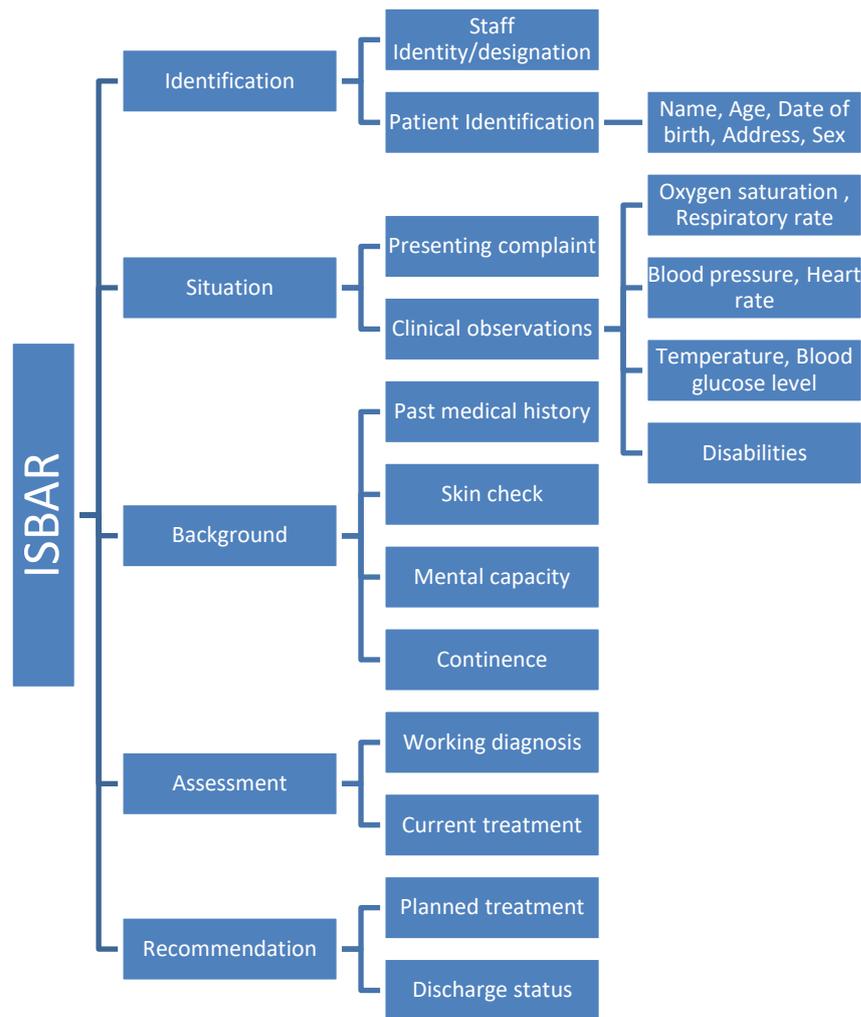


Figure 1. ISBAR illustration. (Odoh & Abey, 2020)

The use of ISBAR among nursing students during clinical practice has led to better-structured communication, improvement in both clarity and content of a communication, and fewer misunderstandings (Moi et al. 2019, 6-12). ISBAR also ensures that important information is not missed out and that clinical handover can be done in an efficient and timely way (Mannix et al 2017, 219). ISBAR communication tool is impactful since it forms a methodological framework for effective communication. It is not only engaging in the nurse-to-nurse clinical handover process, but it also is used in communication between nurses, physicians, and other healthcare professionals to provide concise, relevant, and complete oral information of the patient in clinical handoff (Chiew et al. 2019, 26-31; Pang 2017, 2). The use of ISBAR may also reduce the duration of clinical handover significantly, thereby giving nurses more time to care for their patients. The amount of information communicated using the ISBAR tool is also

higher compared to clinical handover done without a structured communication framework (Thompson et al. 2011, 340-344).

The use of the ISBAR communication tool during clinical handover may improve the personnel's experiences. A study that was conducted in a hospital in a county in South-eastern part of Norway, involving all the personnel that participated in the patient handover of the 8000 surgical intervention in the hospital (Leonardsen et al. 2019), found that personnel felt that patient's handover using ISBAR followed a logical structure, and that relevant information was communicated using the existing documentation. It also found that it was easier for personnel to form contact at the beginning of the clinical handover, ambiguities were resolved, and documentation was more complete (Leonardsen et al. 2019, 1-5). Below is figure 2 illustrating ISBAR.

<b>I</b>	<p><b><u>Identification.</u></b></p> <p><b>Patient Name:</b>                      <b>Date of Birth:</b></p> <p><b>Sex:</b>                                      <b>Hospital Number:</b></p> <p><b>Consultant:</b>                          <b>Age:</b></p> <p>I am ..... (Ward Nurse/ Staff nurse/student nurse/ Dr. /Consultant) on ward 2 SAMK hospital.  Time of handover..... Receiving ward..... Name receiving hand over.....</p>
<b>S</b>	<p><b><u>Situation.</u></b>      Admission route:</p> <p>Presented  with.....  .....  .....</p> <p>Obs time:    Temp:      Pulse:      B. Pressure:      Sats:</p>
<b>B</b>	<p><b><u>Background.</u></b></p> <p>PMH:</p> <p>Allergies:</p> <p>Mobility:      Independent /Stick/ wheelchair/  Skin intact:    Yes /no  Continent:      Yes/ no  Mental Status    Alert/ Confusion /Delirium / Aggressive  Lives:              Home/ care home  Risk of fall: Yes/no</p>
<b>A</b>	<p><b><u>Assessment:</u></b></p> <p>Working Diagnosis:  Current treatment:</p>
<b>R</b>	<p><b><u>Recommendations:</u></b></p> <p>Need for isolation: yes/no  Planned Treatment /investigation:  Discharge status:  Destination on discharge:</p>

Figure 2. ISBAR illustration. (Odoh & Abey, 2020)

## 4 POWERPOINT AS AN EDUCATIONAL MATERIAL

### 4.1 Nursing education in SAMK

The Satakunta University of Applied sciences (SAMK) is a public school based in Pori and Rauma, Finland. It started a nursing degree program in the English language in August 2017. The nursing program includes basic studies, professional studies, clinical practice, and a bachelor's thesis. The basic studies comprise of basic nursing interventions and communication skills. The professional studies include medical, surgical, and perioperative nursing, family nursing, child and adolescent nursing, gerontological and district nursing, mental health and substance abuse nursing, and clinical calculations. The practical training takes place mostly in public institutions (hospitals, care homes, schools, etc.) but may also be undertaken in a private institution. The studies take place in different modes, which include contact classes, online studies, projects, and clinical simulations. It is an international program with a multicultural group of students who also have the option of completing parts of their studies or practical training periods abroad (Website of the Satakunta University of Applied Sciences 2020).

### 4.2 Learning in nursing education

Most nursing education comprises of theoretical teaching and clinical education. Though other variations of teaching approaches such as process-oriented guided inquiry learning (POGIL) do exist (Coomarasamy & Hashim 2016, 2), the most common system of learning in nursing education uses problem-based learning (PBL) or is modified from evidence-based learning. Available evidence suggests that PBL offers students the opportunities to develop a sense of their expert and control in the learning process. Problem-based learning may also promote a deeper approach to learning and encourages a student to employ their skills (Tiwari et al. 2006, 437). The implementation of technological resources for the teaching of nursing students are increasingly being integrated and considered important to nursing education. These technological resources represent instant access to content and information accessible in online elec-

tronic environments. (Tibes et al. 2017, 1327). The blended teaching method of combining contact class and internet-based teaching tends to be an increasing trend among nursing schools in the developed world (Gagnon, Gagnon, Desmartis & Njoya 2013, 381).

A significant part of nursing education takes place in the clinical setting. Several studies have shown that it is very vital in preparing nursing students for entry into the nursing profession. Student nurses also view clinical education and the opportunities it offers as an important part of their professional development, which will lead them to become nurses (Sandvik, Eriksson & Hilli 2014, 62).

Because nursing is a practice profession, the main objective of nursing education is to facilitate a smooth transition of theoretical knowledge into clinical competence. Clinical education offers nursing students the needed opportunity to apply the knowledge learned at school into practice. It is a vital link between professional practice and university education. An appropriately designed and implemented clinical education will support students to develop and achieve competence in a real-life situation (Tiwari et al. 2006, 431).

### 4.3 Types of educational materials

Educational materials refer to a subset of books, games, internet, and software publishing industries that is focused on providing resources to a variety of educational market segments (Cola, et al. 2009). There are different types of educational materials (Figure 3) which include printed materials (textbooks, pamphlets, handouts, study guides, manuals), audio (cassettes, microphone, podcast), visual (charts, a real object, photographs, transparencies), audiovisual (slides, tapes, films, filmstrip, television, video, multimedia) and electronic interactive materials (computers, PowerPoint, graphing calculators, tablets) (Website of Wikipedia 2020).

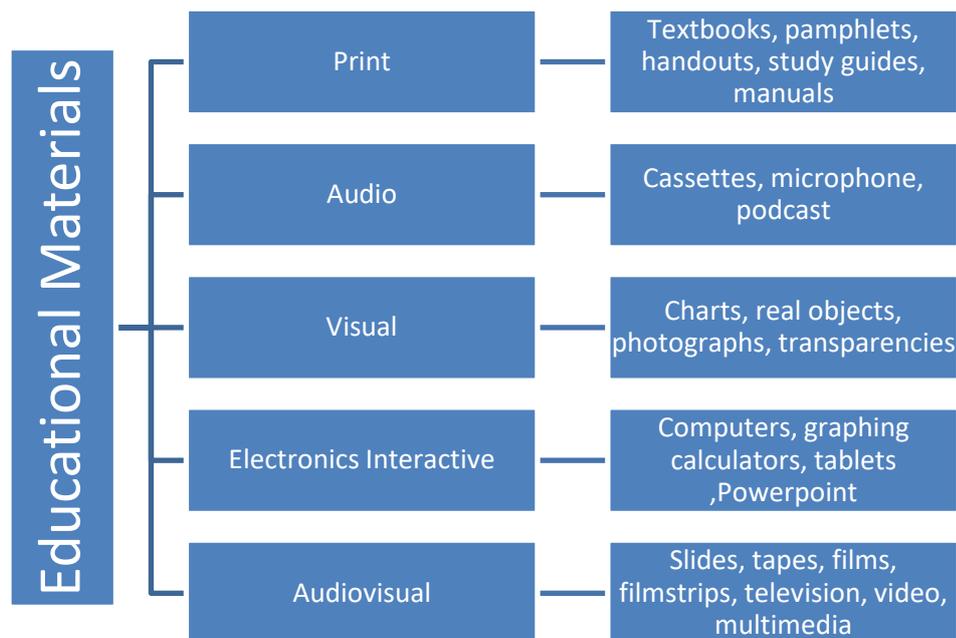


Figure 3. Graphic illustration of types of Educational Materials (Odoh & Abey 2020)

Nursing students do not have adequate inter-professional communication skills (Hagemeyer, Hess, Hagen, & Sorah 2014, 1-2). This makes the articulation and accurate presentation of patient information during clinical handover challenging. It has been found that ISBAR may improve nursing students' communication competence during clinical practice (Peng 2017, 8). The use of educational material to improve the use of ISBAR among healthcare professionals in the hospital has been positive (Kitney et al 2017, 13). Student exposure to educational materials may lead to a significant improvement in both the compliance with the ISBAR communication tool and the quality of clinical handover. The use of educational materials may also increase awareness among healthcare professionals on the use of ISBAR (Kitney et al. 2016, 17-25). Nursing students who are preparing for their clinical practice may also use educational materials as part of their clinical practice preparation. Nursing students who had training on the use of ISBAR before their clinical practice may find structural communication easier during a clinical handover. It has been suggested that the use of educational material to teach and encourage the new user of ISBAR has a positive effect (Thompson et al 2011). To ensure that nurses' competency in the use of the ISBAR tool is maintained, regular educational training with the use of educational material may have a positive impact (Chiew et 2019, 31). Ward managers and other nursing leaders may

also use educational materials to update their nursing personnel on the use of ISBAR (Mannix et al. 2017, 219).

#### 4.4 PowerPoint as an educational material

PowerPoint is a presentation program owned by Microsoft, which is a software development company based in the USA. It allows users to create anything from basic slide shows to complex presentations. Though PowerPoint is mostly used to make business presentations, it can also use to create presentation materials for educational or informal purposes. The presentations are made up of slides, which may comprise images, text, audio, and movies. Both animated transitions and sound effects may also be included to add extra appeal to the presentation (Website of Techterm 2020). When presenting a PowerPoint presentation, the presenter may choose to have the slides change at preset intervals or may decide to control the flow manually. This can be done using the mouse, keyboard, or remote control. The flow of the presentation can be further customized by having slides load completely or one bullet at a time. For example, if the presenter has several bullet points on a page, he might have individual points appear when he clicks the mouse. This allows more interactivity with the audience and brings greater focus to each point (Website of Techterm 2020).

When preparing a PowerPoint presentation (Website of Techterm 2020), the use of the following techniques may enhance the quality of the PowerPoint manuscript. It is important to avoid using a textured background, as they may be distracting. Simple background colour and a contrasting coloured font may improve the visibility of the presentation (Castillo 2011, 217). Simple but standard fonts such as Time New Roman or Arial are widely used as they are very visible. Using a simple test, avoiding the use of unnecessary tables, movies, and animations, and thoroughly editing the PowerPoint presentation before a public presentation helps to minimize mistakes. (Castillo 2011, 217).

## 5 PROJECT PLAN

This chapter will explain what project and project method means, and the project methodology used for this work.

### 5.1 Project method

Project method or project methodology is a wide-ranging set of best practices, procedures, and tools that are adaptive, dynamic, flexible, and customizable to suit diverse projects within a particular environment (Chin & Spowage 2012, 106). It can also be defined as a process for achieving an end or a succession of steps by which project progress (Salisu 2016, 2).

Project methodology consists of project management processes such as initiating, preparing, implementing, and monitoring project progress with a range of techniques and tools to communicate the delivery to the satisfaction of all participants (Chin & Spowage 2012, 107).

There are several project methodologies, each with its own set of rules, principles, processes, and practices (Muslihat 2018). In this project, the Waterfall method, which is one of the traditional project management methodologies, was used. Waterfall just as its name implies is a linear, serial design method where progress flows downwards in one direction (Muslihat 2018).

It originates from the construction and manufacturing industries and was first mentioned in an article written by Winston W. Royce in 1970. It emphasizes that to move to the next stage of development the current stage must be completed. It is most suited for projects that require maintaining stringent stages and deadlines or projects where chances of unexpected events during the development process are reasonably low (Muslihat 2018).

Some of its disadvantages include the lack of feedback during the development process, non-flexible design constraints, and a delayed testing stage (Muslihat 2018). The author has adapted this project method (Figure 4) for this project.

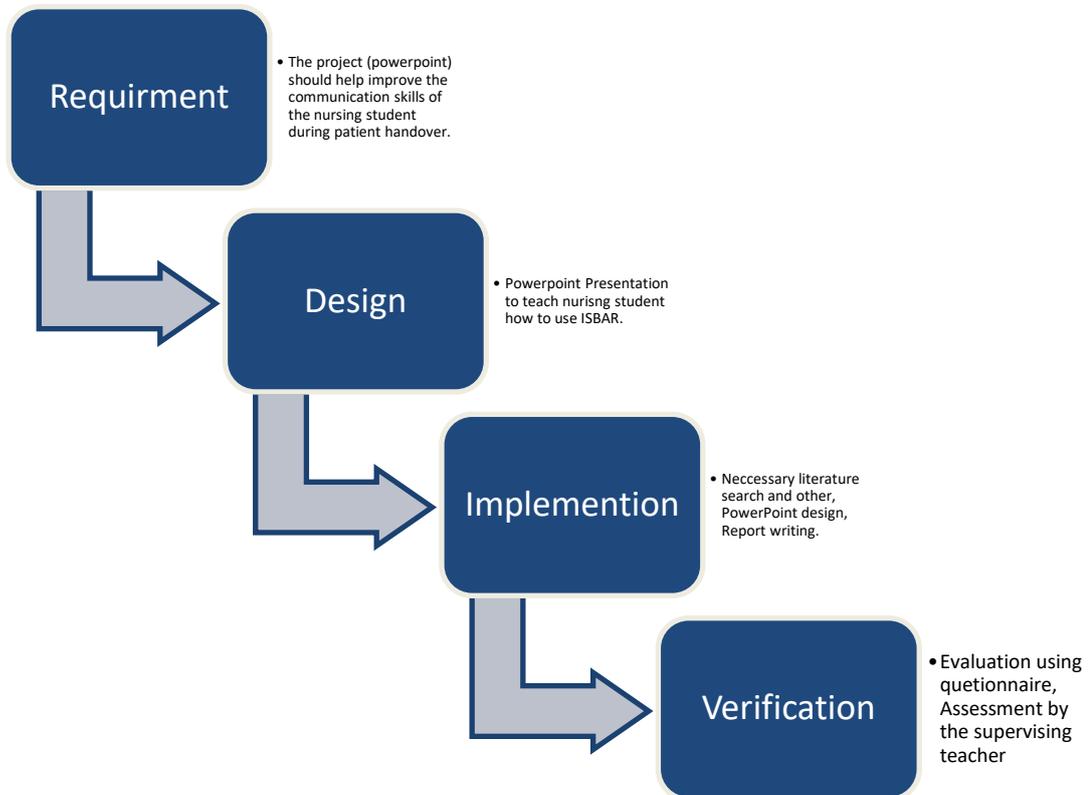


Figure 4. Graphic illustration of the adapted Waterfall method used by the authors (Odoh & Abey 2020).

The project involved the development of a PowerPoint presentation as educational material for nursing students. The PowerPoint presentation will be designed using the SAMK PowerPoint presentation template. The PowerPoint presentation should be able to fulfill the objectives of this project, which is the minimum requirement. In other words, the outcome of this project (PowerPoint presentation) should help nursing students to improve on their communication skills during patient handover, teach nursing students how to handover patients using ISBAR and the author should also

gain knowledge of how to undertake projects after this project. The project will be assessed using a questionnaire to determine if all the objectives are met.

## 5.2 Project Plan

The authors started this project in September 2019 with the submission of the topic to the project supervisor for approval. Then a formal project proposal was written and submitted in December 2019. After some amendments and corrections to the written proposal, it was approved. The authors initially divided the job of carrying out the project among themselves but meet regularly to discuss and approve the step-by-step implementation. At the start of this project, the author outlined the following items as the required resource to carry out this project. These items included: 2 laptop computers, an electronic journal database, internet access, a printing machine, and 2 telephones. The authors were able to mobilize these resources immediately after the project topic was approved. There was no external funding for this project and the authors were able to carry out this project with very lean resources. Nursing students, teachers, and SAMK's proponents with a questionnaire will evaluate the project. They will be given the questionnaire to complete after reading the PowerPoint presentation to assess if the objectives of the project were met. Table 1 below explained the purpose and sources of each item used for this project.

Item	Purpose	Source
Laptop computers (2)	For general typesetting, online browsing for materials, development of PowerPoint presentation, Exchanging messages/emails among authors and the supervisor. Each author used 1 laptop.	The two authors lend their laptops to be used for the duration of this project free of charge.
Electronic journal database	For sourcing of scientific literature and other literal material need for the project.	The authors accessed various electronics journal databases through SAMK

		Finna. fi. This is free for all SAMKs students.
Internet access	For connection to the internet to enable access to online materials.	The author made use of the open internet Wi-Fi at SAMK campus and also their internet connections at home.
Printing machine	For printing of selected articles for authors review.	The authors used the SAMK printing machine for this purpose. It was free of charge.
Telephone (2)	Phone communication between the authors.	The authors used their phones for both verbal and SMS communication.

Table 1. Resource mobilization and allocation.

The authors made a timetable for this project. However, the timetable has been adjusted a few times due to emerging circumstances that made it impossible to stick to the initial timetable. One of such circumstances was the emergency closure of the SAMK campus due to the outbreak of the Covid19 pandemic. This and other challenges necessitated the adjustment of the project timetable and were all part of the management risk encountered during the implementation of the project. Other management risk includes possible sickness of one or both author, possible breakdown of a laptop (s), phone (s), and library closure due to covid19 pandemic. Table 2 below is the updated timetable for the project.

Project component	Time
Topic approval	01.09.2019 - 12.12 2019
Literature review	12.12.2019 - 07.6.2020
Project Design and production	07.06.2020 - 20.09.2020
Project evaluation	14.9.2020 – 27.11.2020

Table 2. Project Timetable

### 5.3 Project implementation

The authors started the implementation of the project by researching scientific articles for the literature review. Then literature review was conducted extensively to gather the needed information on the project topic. Both authors embarked on this task together searching through EBSCO, google scholar, and google search engine for materials. Once the relevant articles were obtained, the authors divided them into two with each author reviewing one set. After the literature was reviewed, the authors created a PowerPoint presentation on how to use ISBAR. The PowerPoint presentation was created using the SAMK PowerPoint presentation template.

The PowerPoint presentation contains 16 slides, Arial font was used because it is very clear and recommended. Each slide contains a maximum of 3 points. The SAMK layout for PowerPoint presentation was used for presentation design. The background is white/sky blue coloured which are not distractive colours and only black colour was used for the text to minimise distraction (Website of Techterm 2020).

The completed PowerPoint is attached. The authors designed the PowerPoint presentation in a way that will enable a slide to be read in 2 minutes. The first slide contains the topic of the presentation, the names of the authors, their study program, and the year the project was completed.

In the second slide, the ISBAR is introduced and defined by the authors Moi, Söderhamn, Marthinsen, & Flateland (2019, 6) and Kitney, Tam, Bennett, Buttigieg, Bramley, & Wang (2017, 13). The authors also told about the history of ISBAR and how it was adopted for healthcare communication (Moi et al. 2019, 6).

In the third slide, the authors continued to tell more about the adoption of ISBAR from military communication into healthcare communication (Moi et al. 2019, 6-22). The fourth slide contains a sample of the ISBAR form from the authors and explained how the form can be used to aid patient clinical handover in practice.

In the fifth slide, the authors explained the advantages of using ISBAR (Moi et al. 2019, 6-12; Mannix et al 2017, 219) for nursing students. In the sixth slide, the authors

continued to tell about the disadvantages of using ISBAR in patient handover (Thompson et al. 2011, 340-344; Leonardsen et al. 2019, 1-5).

In the seventh slide, the authors explained what the “I” in the ISBAR communication tool means and how to correctly identify both the patient and staff involved in the patient handover (Chiew et al. 2019, 26-31; Kitney et al 2017, 13). In the eighth slide, the authors explained what the “S” in the ISBAR communication tool means and how to present the patient situation during handover (Chiew et al. 2019, 26-31; Kitney et al 2017, 13). In the ninth slide, the authors continued to explain what is needed to be presented as the patient’s situation. In the tenth slide, the authors explained what the “B” in the ISBAR communication tool means, and how to present the patient background (Chiew et al. 2019, 26-31; Kitney et al 2017, 13). The authors continued also in the eleventh slide to explain more about what needs to be presented as the patient background. In the twelfth slide, the authors explained what the “A” in the ISBAR communication tool means, and how to present the patient assessment (Chiew et al. 2019, 26-31; Kitney et al 2017, 13). In the thirteenth slide, the authors explained what the “R” in the ISBAR communication tool means, and how to present the recommendation made by the medical doctors or physiotherapist for the continuation of the patient care (Chiew et al. 2019, 26-31; Kitney et al 2017, 13).

In the fourteenth slide, the authors gave useful tips that will help the nursing student during handover using ISBAR. The fifteenth slide contains the list of references used for the project. The last slide contains again the name of the authors. The completed PowerPoint shall be stored in SAMK’s e-library where nursing students who are preparing for practical training can assess them. There is also a questionnaire to be completed after reading the presentation by the nursing students.

## 6 PROJECT EVALUATION

In this chapter, the project was evaluated to ascertain if it satisfied the objectives the authors have established at the beginning of this project. These objectives include improving the communication skills of nursing students, teaching nursing students how to handover patients using ISBAR, and for the authors to learn how to produce a project. Nursing students and teachers were asked to complete a questionnaire (Appendix 2) after reading the PowerPoint presentation to give feedback on what they think about the PowerPoint.

Our initial agreement for this project thesis was to produce educational material in form of video for English nursing students of Satakunta university of applied sciences but due to Covid-19 we have to change it to PowerPoint presentation as an alternative because the campus was closed due to the Covid-19 pandemic, all the simulation room was closed.

However, we have created a timetable that looks realistic but as the project progress, we realized that the timetable was too tight. We have not considered our commitment and our supervisor's schedule and as well the Covid-19 pandemic. As a result of this, we could not keep up with our initial timetable. We had to stretch the timetable that will allow us to work at our time. The waterfall method was used for this thesis project and it was helpful, we choose this method for this our thesis because it was straight forwarded and educative. Since we renewed our topic, we designed the plan, listed our timetable and task, implemented the task, and evaluated the task.

### 6.1 Evaluation of the project

The authors produced a feedback survey in form of a questionnaire, a questionnaire was sent to three groups of English nursing students of Satakunta University of applied sciences and three teachers to give their feedback on the PowerPoint presentation and also the PowerPoint presentation and a feedback form was sent to a teacher who gave feedback on behalf of SAMK.

The feedback form consisted of four questions. The questionnaire measured the clarity, comprehensibility, and learning experience of the PowerPoint presentation. There were four close-ended questions and one open question. Each question has different options. The first question option was yes, I have and no, I have not, for the second question the option was, very helpful, helpful, not sure, averagely helpful, and not helpful. The third question was, poor, average, good, excellent. The fourth question was, very easy, easy, not sure, not easy, very hard. An extra empty box for additional comments was available to write their feedback for the open question. To collect the feedback, the authors used an online tool known as E-form software provided by SAMK. The link of the e-form was sent to three different groups of nursing students and a few teachers. The link of feedback and PowerPoint presentation was sent through e-mail of nursing students and teachers. The time duration for responding to the feedback was about a week (12.11.2020- 20.11.2020). After one week, 20 feedbacks were gotten from the questionnaire. The same E-form application was used to analyze the results. However, the result's chart is created in the software known as Tixel 11. based on MS Excel.

The result of the questions is shown in percentage in the bar chart and tabulated per question below in Figures 5, 6, 7, and 8.

The first question was about if the student, has used ISBAR in school in which 65% have not used ISBAR in school, and 35% have used it. The second question was about if the students will be going to practice this semester. 53% responded that they will not be going and 47% responded that they will be going. The third question was about the helpfulness of the PowerPoint presentation, and 45% responded it was helpful, 5% responded it was not helpful, 10% were not sure, 40% very helpful. The fourth question was the opinion on the PowerPoint presentation, where 35% responded on average, 25% excellent, and 40% good.

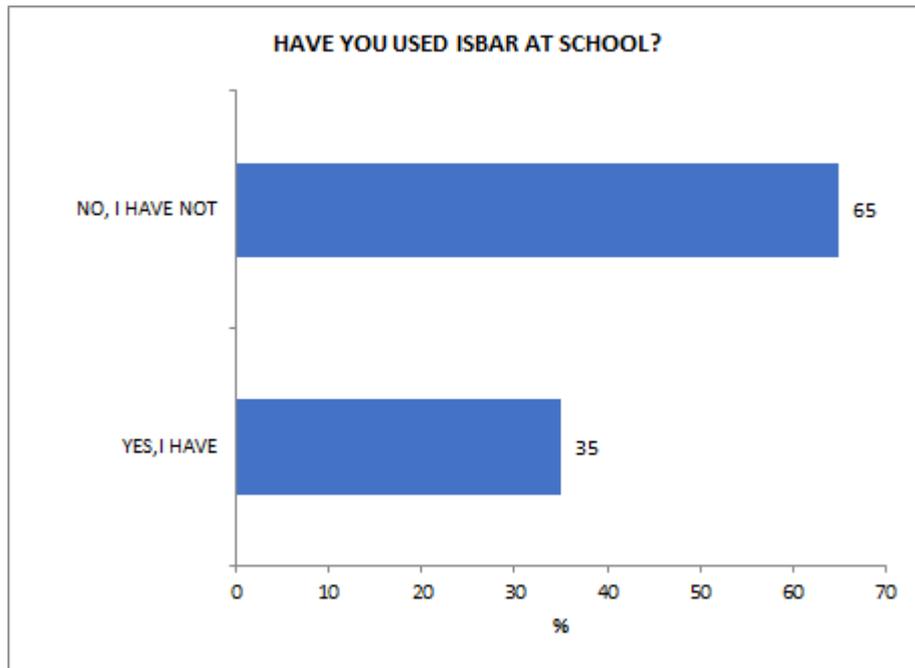


Figure 5: The sum feedback of question 1

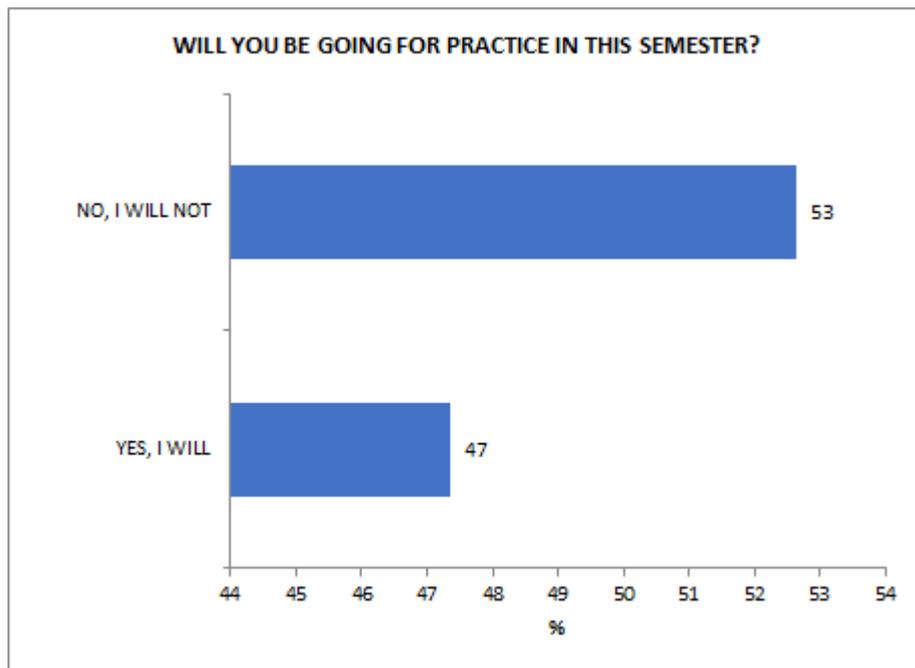


Figure 6: The sum feedback of question 2

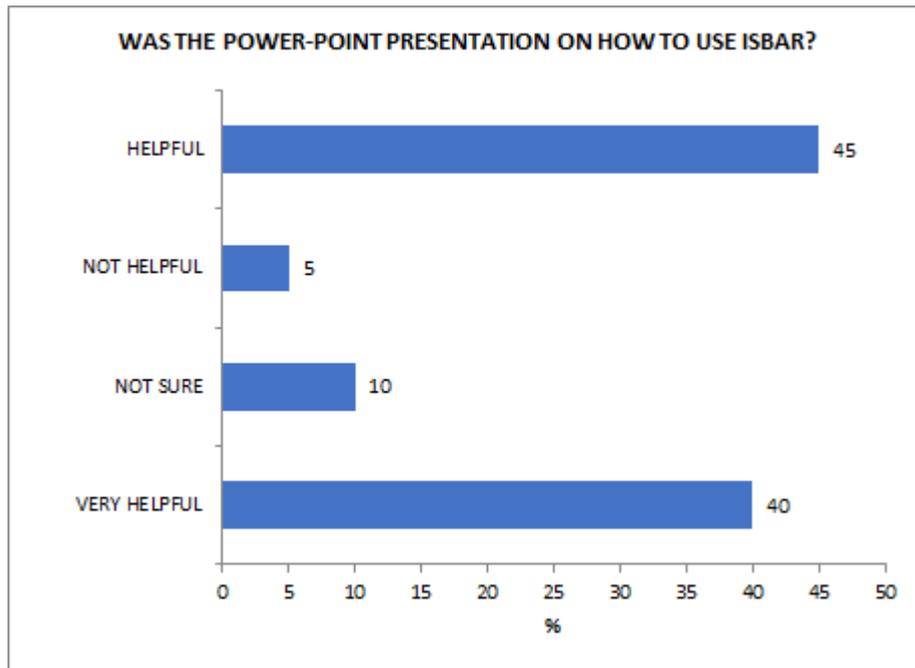


Figure 7: The sum feedback of question 3

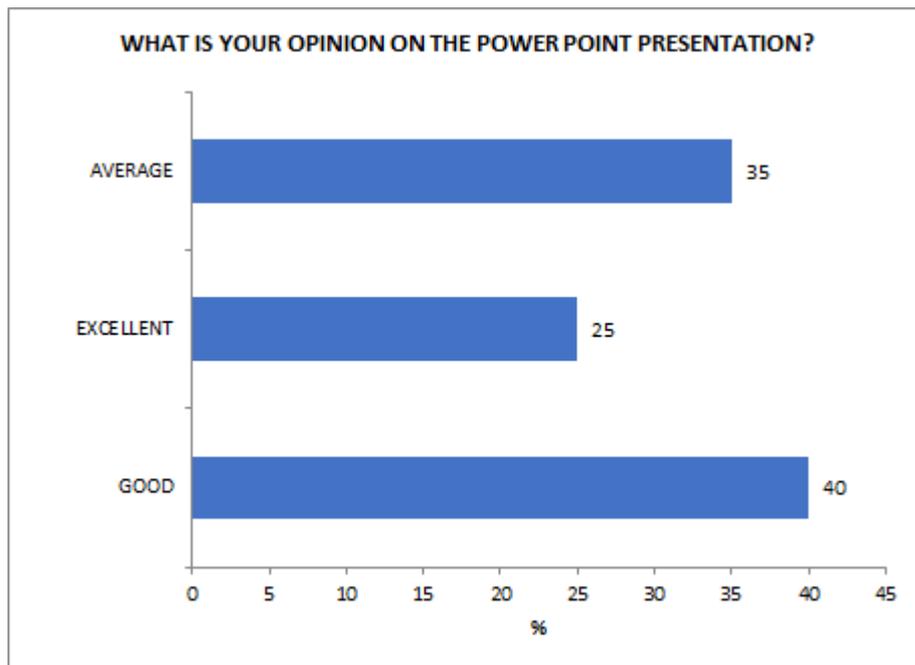


Figure 8: The sum feedback of question 4

The additional open question feedback box collected thirteen feedbacks. According to two students, they rated the PowerPoint presentation 3-5. One student rated 9/10, another rated PowerPoint the presentation 10/10, another student said she will like to know the disadvantage of using ISBAR. One student said it was easy to read and well

concise but too wordy she suggested demonstration of letters as better. One said it was easy to understand. One said it was in the middle she understood the meaning of ISBAR. Another suggested more details on the background and assessment. Another suggested slide four-figure could be made clearer. All the suggestions and opinions are considered useful. The received feedbacks show the PowerPoint presentation was easy to read but needs to be re-arranged and more additional information needs to be added for clarity, this also shows the PowerPoint production has taught the authors to know more about how to produce an educational material using PowerPoint presentation.

The feedback from the SAMK stated that the good thing about the PowerPoint presentation is that it has a clear title and that there is good information but the PowerPoint is not enough for students self-study that many places things should be explained more a little more deeply and she suggested more in-depth information on slides and state if the ISBAR card on the slide is used in both acute and non-acute situations, the image on slide 4 should be made clearer and slides should be in a logical order, slides 4 before slide 5 and 6. Information on the card should be explained in a separate place.

## 7 CONCLUSIONS

The feedback survey results showed that the purpose of this project thesis was achieved, also the theoretical background was carefully compiled to provide the English nursing students of Satakunta university of applied sciences with the essential concepts to learn. The PowerPoint presentation has the necessary information on how to use ISBAR. The students can read the PowerPoint presentation before going for practice placement or before going to simulation classes, by doing this they will have the background knowledge and get familiar with what they will meet inwards.

The response to the survey was quite a few. We have designed questions that were easy to understand and quick to answer, but fewer people were willing to reply. We assume they are busy. Even though the response rate was moderately low, we are still grateful that some gave feedbacks. The result of the survey also highlighted the clarity of the figure on slide 4. It is one thing that could be further developed in the future.

The other objective of this project thesis was achieved as the authors learned how to produce educational material using PowerPoint presentation, making a PowerPoint presentation is also an additional learning experience for us. In conclusion, this whole project thesis process may have so challenging at some point, but it certainly has taught us different skills that we could use in our future endeavours.

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APPENDIX

# HOW TO USE ISBAR COMMUNICATION TOOL DURING PATIENT HANDOVER

Mercy Odoh & Lydia Abey

Degree Program in Nursing,  
2020



Double click on the PowerPoint to access the full slides.

## Appendix 2. Questionnaire

E-Lomake - ISBAR AS A COMMUNICATION TOOL,POWER POL...

<https://elomake.samk.fi/lomakkeet/10515/lomake.html>

Form is scheduled: publicity starts 13.11.2020 9.11 and ends 13.11.2021 23.59

### ISBAR AS A COMMUNICATION TOOL,POWER POINT PRESENTATION

This power point presentation on ISBAR as a communication tool is our thesis project. The aim of this feedback questionnaire is to determine if the objectives of the project were achieved. All the information collected here will be treated as confidential and does not contain personal information. Answering to the questionnaire is not mandatory as you have the right not to complete this form if you wish. The information collected from the questionnaire will be only used for research purposes. Select one appropriate answer to each question.  
ODOH MERCY(mercy.odoh@student.samk.fi) & ABEY LYDIA,(lydia.abey@student.samk.fi).

#### ISBAR AS A COMMUNICATION TOOL,POWER POINT PRESENTATION

HAVE YOU USED ISBAR AT SCHOOL?  YES, I HAVE  
 NO, I HAVE NOT

WILL YOU BE GOING FOR PRACTICE IN THIS SEMESTER?  YES, I WILL  
 NO, I WILL NOT

WAS THE POWER-POINT PRESENTATION ON HOW TO USE ISBAR?  VERY HELPFUL  
 HELPFUL  
 NOT SURE  
 MODERATELY HELPFUL  
 NOT HELPFUL

WHAT IS YOUR OPINION ON THE POWER POINT PRESENTATION?  POOR  
 AVERAGE  
 GOOD  
 EXCELLENT

WERE THE POWERPOINT PRESENTATION FONT AND BACKGROUND EASY TO READ?  VERY EASY  
 EASY  
 NOT SURE  
 NOT EASY  
 VERY HARD

How would you rate this power point, what do you think could be included?

THANK YOU FOR ANSWERING THE QUESTIONNAIRE.

Proceed

Save



## Tilaaajan palaute Satakunnan ammattikorkeakoulun hoitotyön koulutuksen opinnäytetyöstä:

Hyvä opinnäytetyön tilaaja/yhteistyökumppani

Opiskelijan opinnäytetyö on valmistunut ja pyydämme palautetta tilaamastanne opinnäytetyöstä. Palautteenne otetaan huomioon opinnäytetyön arviointilausunnossa ja arvioinnissa.

Opiskelijan nimi (opiskelija täyttää): MERCY ODOH & LYDIA ABEY

Opinnäytetyön nimi (opiskelija täyttää): HOW TO USE ISBAR COMMUNICATION TOOL DURING PATIENT HANDOVER

Valitkaa seuraavista vaihtoehtoista sopiva laittamalla rasti ko. kohtaan.

	täysin samaa mieltä	jokseenkin samaa mieltä	jokseenkin eri mieltä	täysin eri mieltä
Opinnäytetyö vastasi tarpeitamme.		x		
Opinnäytetyötä/ opinnäytetyön tuloksia voidaan hyödyntää työelämässä.		x		
Opinnäytetyö osoittaa kykyä luoviin ratkaisuihin.			x	
Opinnäytetyö osoittaa kykyä työelämän näkökulmasta uskottaviin ratkaisuihin.			x	
Opiskelija kykeni itsenäiseen ja itseohjautuvaan työskentelyyn opinnäytetyöprosessissaan.				
Ohjasimme opiskelijaa omalta osaltamme opinnäytetyön etenemisessä.				

## Vapaamuotoinen palaute:

- Palaute koskee vain tuotosta (PowerPoint)
- Itsenäistä ja itseohjautuvaa työskentelyä sekä opinnäytetyön etenemistä en voi arvioida, koska en ole ohjannut opinnäytetyötä
- Hyvää tuotoksessa (PowerPoint) on se, että siinä on selkeät otsikot eli taustatietoa siitä mikä on ISBAR, miksi ja miten käyttää ISBARia
- Dioista löytyy hyvää tietoa mutta opiskelijoiden itseopiskelumateriaaliksi PowerPoint esitys tällaisenaan ei valitettavasti riitä → monessa kohtaa asioita pitäisi selittää hieman syvällisemmin esim. jää epäselväksi, että ISBAR korttia käytetään sekä akuuteissa että ei akuuteissa tilanteissa → Tuotos vaatisi lisää tekstiä tai tueksi kirjallisen osuuden
- Jotta tuotoksen (PowerPoint) voisi ottaa käyttöön opiskelijoiden itseopiskelumateriaaliksi, pitäisi seuraavia asioita parantaa:
  - Lisätä syvällisempää tietoa dioihin tai laatia tueksi kirjallinen osuus, jossa asioita selitetään syvällisemmin
  - Laittaa selkeämpi kuva diaan 4, koska ISBAR-kortti kuvasta ei saa kunnolla selvää
  - Muutamassa kohdassa jää epäselväksi perustuuko tieto lähdemateriaaliin vai onko teksti omaa tuotosta → esim. Dia 5 "Isbar may reduce..." ja dia 6 "The use of ISBAR communication..."
  - "How to use ISBAR" diat jäävät nyt hieman irrallisiksi ISBAR korttikuvan kanssa → olisi hyvä yhdistää jollakin tavalla tekstiä ja ISBAR korttikuvaa → selkeyttäisi kokonaisuutta
  - Diat pitäisi olla loogisessa järjestyksessä → diat 5-6 ennen diaa 4

Paikka ja aika: Porissa 16.11.2020

## Opinnäytetyön tilaajan edustajan allekirjoitus ja nimenselvennys

Maarit Harjanne

