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## The Rationale and Design of a Critical Care Course for Orientation of Nursing Staff to the Pediatric Post Anesthesia Care Unit

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The Rationale and Design of a Critical Care Course for  
Orientation of Nursing Staff to the Pediatric Post Anesthesia Care Unit

Cassandra L. Winters

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Scholarly Project

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May 15, 2015

The Rationale and Design of a Critical Care Course for Orientation of Nursing Staff to the  
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Patient acuity in the acute care setting continues to increase in complexity necessitating competency in high-level skills for all new nursing employees. As the experienced workforce ages, nursing shortages are becoming more prevalent, and more new graduate nurses are being hired into the acute care setting than ever before (Chesnutt & Everhart, 2007). This includes specialty areas such as the post anesthesia care unit (PACU) (Clifford, 2010a; Elliotte, 2010). Historically significant clinical expertise was the expectation for practice in a critical care unit, however, current hiring practices are requiring little to no clinical experience. As nurse educators are being called upon to develop improved orientation for new nursing staff, current nursing staff are also requesting increased continuing education opportunities as they see their roles shift and expand. Meeting the educational needs of new and continuing nursing staff is an essential component to ensuring competent practice and patient safety.

In this scholarly project, a graduate nurse educator student at St. Catherine University collaborated with an educator at Gillette Children's Specialty Healthcare (Gillette) to provide PACU nurses the educational resources and skills they need to be competent in their positions. The goal of this project was to design a critical care course module to be used as continuing education for current PACU staff as well as for new staff within the context of their orientation. Phase I of this project was to form modules that focused on critical thinking, critical care skills, and emergent situation scenarios for the current staff as part of the required annual continuing education for the perianesthesia nurses. A description of this project follows.

### **Background and Significance**

The PACU provides care immediately after surgery when patients are at increased risk for adverse reactions to anesthesia and surgical complications (Barone et al., 2003). While administration of anesthesia has been around for over 150 years, PACUs, or recovery rooms, have only existed in the United States for approximately 70 years (Barone et al., 2003). Over time the function of the PACU and the role of the registered nurse (RN) have evolved. Simultaneously, the amount of knowledge and skill sets nurses are required to have and be competent in have skyrocketed. Several skills in the PACU setting are used frequently promoting RN competence and confidence; however, there are also skills that require RN competence but are not used frequently enough to promote confidence. RNs without a critical care background or significant clinical experience are particularly vulnerable to experiencing a lack of confidence in performing these skills. Providing an opportunity through continuing education and/or orientation would allow current and new PACU nurses to assure their competence with meeting their position requirements.

### **Setting Description**

Gillette, the location of this scholarly project, is a nonprofit pediatric hospital that specializes in children and adults with disabilities and complex medical conditions. One of the considerations in developing this project was that the skills and competencies included in the education must include adults and pediatrics. Not only do nurses need to have knowledge and skills related to a wide variety of ages, the patients at Gillette have complex medical conditions and diagnoses, which require additional skill sets that are not commonly acquired in other healthcare or educational environments.

Enhanced education is needed as patient populations continue to diversify, patient acuity

increases, the nurse educator's role expands limiting the time available to work one-on-one with staff, and staff with varying backgrounds are hired into the department (C. Tviet, personal communication, April 10, 2015). In the past, Gillette has hired nurses into the perianesthesia environment only when they had a background in critical care or previous PACU experience. However, there has been a need to hire nurses with limited critical care experience, including new graduates. This is due to significant turnover within the last 18 months and a shortage of critical care nurses available to work in the pediatric critical care setting (American Association of Critical Care Nurses, 2015; K. Houle, personal communication, March 31, 2015). The number of nurses who have been hired into the PACU without critical care experience makes addressing this educational gap timely.

### **Required Skills and Competencies**

There are many skills nurses must be competent in to function within the PACU environment. Consistently, hemodynamics are monitored, pain medicine is administered, body temperature is regulated, nausea and vomiting are controlled, and the patient is stabilized prior to being transferred. Infrequently, emergent events occur in the PACU, and nurses are expected to competently and confidently practice in these situations. Recognized experts at Gillette believe that more education is needed on the pathophysiology of patient conditions, procedure specific information and their aligning risk factors, and setting up and working with medications. Additionally, these experts agree that independent practice is a component that needs to be mastered. Therefore, it is recommended that additional education should be offered to staff pertaining to independent practice with a desired outcome of increased staff confidence (K. Houle, personal communication, March 31, 2015; C. Tviet, personal communication, April 10, 2015; G. Schuller-Bebus, personal communication, April 10, 2015).

### **Description of Orientation Process at Gillette**

During the orientation process, new hires are expected to complete a broad skills checklist outlined in an orientation binder. By completing the binder, as verified by the new hire's preceptor, it is believed the new hire is competent in his or her RN position. Competency is defined as, "having the necessary ability or skills: able to do something well or well enough to meet a standard" ("Competent," 2015). However, in an interview with the perianesthesia nurse educator at Gillette, Katherine Houle, she indicated that, "the PACU has very brief and very intense episodes of critical care, and this is both a challenge for training and a challenge for new staff to grow comfortable" (March 31, 2015). Therefore, when an emergent event occurs, many new nurses feel a lack of confidence in their abilities to perform competently even though they have "proven" their competence during orientation (Winters, 2015).

The American Society of PeriAnesthesia Nursing (ASPAN) similarly supports the need for continuing PACU education specifically for the purpose of growing nurses' critical thinking abilities and self-confidence. There are many skills outlined in ASPAN's competency based orientation program, and ASPAN understands that it takes many experiential learning opportunities for a nurse to achieve these skills (Beagley & Smith, 2014). Furthermore, in support of Houle's statement, ASPAN believes one of the greatest challenges for educators is building a nurse's self-confidence to perform these skills confidently (Beagley & Smith, 2014). ASPAN states, "PACU practice is very different in its requirement to manage patients in an extremely limited time frame. Patients are admitted, assessed, treated, evaluated and discharged often within a couple of hours. The development of self-confidence in a fast paced setting takes time and effort" (Beagley & Smith, 2014, p. 22).

Based on conversations with staff and educators within the PACU at Gillette, and trends

that indicate that patient acuity will continue to increase, it is apparent that there is a need for additional educational opportunities. This need is realized and supported by stakeholders within the organization and feasible through enhanced resources, such as a high fidelity surgery simulation center and a new educational management system. With backing from the PACU educator, system leaders and current PACU employees, this scholarly project was envisioned.

## **Literature Review**

### **Rationale for Project**

Discussion on orientation and continuing education in the intensive care unit is prevalent in the literature, but there is minimal, up-to-date discussion on PACU nurses' continuing educational needs or PACU orientation requirements. What is clear is that general nursing education and practice does not adequately prepare nurses for competent nursing practice in the critical care setting including the highly specialized PACU setting (Alspach, 1984; Chesnutt & Everhart, 2007; Hannah, 1993). Novice nurses, specifically, need education and training on the intricacies of critical care nursing on top of the basic principles of medical-surgical nursing (Chesnutt & Everhart, 2007; Hannah, 1993; Proulx & Bourcier, 2008). The PACU has long been recognized as needing competency-based orientation and continuing education aimed at identifying, developing, reinforcing, and maintaining PACU specific knowledge (Hannah, 1993, p. 190). More recent literature further supports this need by revealing that the acuity of patients admitted to the floor or intensive care unit is increasing, and surgeries that used to require hospital admissions are now being discharged home (Odom-Forren, 2003). These changes to the care setting increases the need for PACU nurses to have solid assessment skills and critical thinking abilities established by a strong orientation program and substantial continuing educational opportunities.

Throughout the literature, it is clear that nurse educators are being challenged to provide comprehensive orientation programs and continuing education opportunities to prepare novice nurses for specialized settings and keep experienced nurses properly informed of changes in healthcare and technology (Benner, 1982; Cato & Murray, 2010; Morris et al., 2007). While a dated study, Kirsch (1990) reported that the adequacy of staff educational development correlated positively to nurse satisfaction and intent to stay in the organization. Interestingly, there was also a negative correlation between years of experience of the nurse and staff development opportunities. In this study, staff development referred to both orientation and continuing education. The findings suggest a potentially serious issue. If staff nurses are feeling less supported in their educational opportunities as time progresses, and retention of nurses is positively correlated with their educational opportunities, many institutions may lose clinical experts at the bedside (Kirsch, 1990). Similarly, if new graduate nurses are feeling unprepared to competently care for patients in critical care settings, or are feeling limited in their professional development opportunities, it is documented that nurse retention notably decreases resulting in significant financial strain on healthcare institutions (Friedman, Delaney, Schmidt, Quinn, & Macyk, 2013; Halfer, 2007). In both scenarios the implications for healthcare institutions are intimidating.

### **Supportive Studies**

To provide evidence for the need of this project at Gillette, similar programs were evaluated. To accommodate the trend of hiring new graduate nurses into the critical care setting, Northwestern Memorial Hospital (Chicago, Illinois) implemented an orientation model aimed at teaching new nurses how to competently and confidently function independently in an intensive care unit (Morris et al., 2007). The program utilized the pedagogy of adult-centered learning and

incorporated rich critical care learning opportunities through real-life practice with a preceptor, low-risk hands-on learning with a simulator, online learning, and case studies (Morris et al., 2007). They also used the Essentials of Critical Care Orientation (ECCO) and Pulmonary Artery Catheter Education Project (PACEP) to enhance the orientees' learning. Similarly, at the University of Wisconsin Hospitals and Clinics (Madison, WI), the clinical nurse specialist and the education specialist developed a 6-month orientation for new graduate nurses hired into the PACU. This program was developed in order to competently prepare new graduate nurses who were hired into the PACU. The orientation mirrored the hospital's new nurse residency program for the intensive care unit. The outcome of this project was reported as being positive for the four new graduate nurses that were hired into the PACU (Gessler, Simmons, & McPhee, n.d.).

### **Building the Framework**

With a framework for the project in mind, content and methods of instruction needed to be determined. A third review of the literature was conducted to build the framework into a functional program. To determine learner needs, a learner needs assessment completed by each individual nurse is recommended to highlight areas where education is needed. For instance, a checklist of nursing skills and competencies could be used to determine where one's strengths and weaknesses are (Heizenroth, 1996). One may also use a self-reported clinical competency survey. Garland (1996) reported that the majority of nurses found themselves between the competent-to-proficient levels of clinical expertise using Benner's (1982) model of novice to expert when using a self-reported clinical competency tool. The findings were consistent regardless of years of clinical experience. Therefore, a tool such as this could be used to assess educational opportunities by implementing a pre-and-post survey to determine staff perceptions on their learning needs and abilities. A more recent study implemented a self-assessment survey

sent out via email, similar to the one executed at Gillette for this project, with the purpose of identifying individuals' self-assessed clinical competence and resulting unit educational needs. In this study, the self-assessment survey was useful as it provided a simplified means for selecting appropriate PACU topics to include in future educational modules for the unit (Greenfield, O'Brien, Kofflin, & Mhyre, 2014). Another useful tool as reported by Heizenroth (1996) is the Dreyfus Model of Skills Acquisition that assesses a learner's competency level based on years of experience (p. 185). However, Heizenroth cautions that the Dreyfus model may not accurately assess learner's needs as it doesn't take into account individual circumstances.

To provide quality education, Alspach (1984) urged for competency-based educational (CBE) opportunities. Alspach (1984) believed that CBE provided learners with a guide to inform what they were required to do to be considered a competent practitioner. This sense, the CBE is different than traditional educational methods, which focus on what one should know. Furthermore, competency based education is specific; it does not include all matters of nursing. It instead describes the skills and abilities of a nurse in a specialized setting. Alspach (1984) states, "Rather than a litany of unrelated bits of information and an equally fragmented enumeration of technical skills that the orientee must demonstrate, a CBE approach offers outcomes that will require the orientee to integrate and apply that knowledge and skill to the actual work situation" (p. 657). Most importantly, CBE focuses on outcomes. In nursing orientation or continuing education, the desired outcome is a competent practitioner, where the competent practitioner is seen as an individual "who demonstrates that they can do what their field of practice, role, and setting require of them. The outcomes sought transcend just *knowing* what a situation requires to include *doing* those things as well" (p. 656). Within competency-

based education the method of instruction is equally important to consider. Some methods have been aligned with better learning outcomes than others. For instance, case-based learning when compared to traditional lecture allows for more in-depth thinking promoting one's ability to think critically in practice (Raurell-Torredà et al., 2015). Similarly, hands-on learning and simulation have been cited as "invaluable" when incorporated into PACU training (Cooper, 2011).

### **Summary of Literature**

The highly specialized PACU setting requires a comprehensive orientation program followed by consistent continuing education that focuses on developing and maintaining PACU competence and confidence. With adequacy of staff orientation and continuing education strongly correlating with staff satisfaction and retention, nurse educators must work diligently to properly train their staff in all areas, including the PACU. While there have been few studies on implementing valuable PACU educationals, there have been numerous studies on new graduate critical care orientation programs and assessing staff educational needs; both of which can be used as a framework for building a beneficial critical care course for the PACU at Gillette. As old and new literature suggests competency-based programs that incorporate case-based and hands-on learning are recommended and will be essential to the PACU critical care course at Gillette.

### **Methods**

Based on the literature review and a perceived need for revised and enhanced education in the PACU at Gillette, this scholarly project aimed to identify the educational needs of the department and develop a curriculum to address these needs. To assess the nurses' skills, confidence, learning needs, and learning styles, an online self-assessment survey was sent out via

email to all the PACU nurses at Gillette (Appendix A). The survey and results are presented next.

### **Survey of PACU Nurses**

The purpose of the survey was to gather data to direct future educational opportunities in the department. The skills and competencies included in the survey were based on the *American Society of PeriAnesthesia Nurses' (ASPAN) Competency Based Orientation and Credentialing Program for the Registered Nurse in the PeriAnesthesia Setting*. The survey was validated by the perianesthesia nurse educator. It was reviewed for clarity, readability, and applicability to our educational goal. Twenty-two of the thirty-three (66.67%) nurses surveyed responded.

The survey was broken into five sections. The first section of the survey used a Likert scale and asked the participants to rate their level of competency on twenty-two of the ASPAN competencies deemed most applicable by the author and Gillette's perianesthesia Nurse Educator. On a scale 1-5, 1 was considered "not competent" and 5 was considered "extremely competent." The second section of the survey provided room for the participants to "free-text," and asked each to elaborate on any competencies or skills they felt particularly competent in. Participants were then asked to elaborate on areas they felt their knowledge was lacking. The last question of section two asked the participants to state which skills and/or competencies they felt the entire PACU department needed more education on. In section three participants once again used a Likert scale this time ranking 1-5 with 1 being "highly disagree" and 5 being "highly agree." The questions in sections three focused on staff beliefs for unit educational needs and appropriate times to complete such a course. Learning styles were assessed in section four of the survey followed by a question on the effectiveness of testing for significant learning. Lastly, in section five of the survey, participants were given the opportunity to add any additional thoughts

on the subject matter.

### **Survey Results**

In section one using a Likert scale ranked 1-5, with 1 being “not competent” and 5 being “extremely competent,” all twenty-two competencies were ranked at a “3” or above indicating that the majority of nurses felt competent in all areas (Winters, 2015). Responses in section two indicated that airway management, hemodynamic monitoring, and pain management were the most common competencies or skills individual nurses felt most competent in. The most common areas of weakness included cardiac monitoring and anesthetic agents. In the last question of section two, participant responses varied indicating that their coworkers needed additional training in anesthetic agents, (such as blocks and epidurals), inotropic drips, use of the code cart, anesthetic inhalation agents and drains (such as external ventricular drains, Jackson-Pratt drains and chest tubes)(Winters, 2015).

In section three participants once again used a Likert scale, this time ranking 1-5 with 1 being “highly disagree” and 5 being “highly agree.” Question one asked participants if all members of the PACU should be required to complete a mandatory critical care course, with 18 (90%) participants stating they agree or highly agree. The last question in section three of the survey asked participants if they felt that downtime would be an acceptable time to complete a critical care course. Using the same Likert scale, 15 (75%) either agreed or highly agreed (Winters, 2015). Downtime is defined by Gillette as the lulls inherent within each day. These lulls vary day to day and are dependent on the operating room schedules. During downtime, staff are expected to work on committee work, complete education, or be productive in another approved form making this an ideal timeframe for implementation of a critical care course.

Learning styles were assessed in section four of the survey. Using the same Likert scale

with 1 being “highly disagree” and 5 being “highly agree,” statements were made about four learning styles. For example, statement one said, “I learn best from PowerPoint presentations on HealthStream Training.” In this scenario the average answer was 2.30 indicating an average answer of “somewhat agree” or “disagree.” When asked about learning best from reading written material, the average answer was 2.55, again suggesting that respondents “somewhat agreed” to “disagreed.” When asked about case studies, respondents answered with an average of 3.18, indicating that the participants “somewhat agreed” to “agreed” with this teaching strategy. Lastly, participants were asked about hands-on learning in a skills lab. An overwhelming average of 4.80 was found, indicating that most participants either “agreed” or “highly agreed” with this teaching strategy. The final portion of section four focused on testing versus non-testing scenarios and their effectiveness for significant learning. On average, 3.80 stated they learned better without a testing scenario at the completion of learning, and 2.80 stated they learned best with a testing scenario (Winters, 2015).

In the last section of the survey, participants were given the opportunity to add any additional thoughts on a critical care course for the PACU staff at Gillette. While there were a variety of thoughts on many topics, the majority of participant responses suggested using teaching modules that incorporated hands-on learning with other teaching/learning modalities incorporated into several modules on a variety of topics (Winters, 2015).

The reviewed literature and subsequent self-assessment survey indicated a need for comprehensive orientation programs and on-going education for staff in the healthcare environment, and specifically in specialized areas such as the PACU. As such, a critical care course incorporated into both the orientation program and annual training for PACU staff at Gillette is appropriate. The design of the course and recommendations for future implementation

are discussed next.

### **Recommendations**

This scholarly project was designed to enhance the orientation and meet the educational needs of PACU nurses at Gillette. Several factors were considered when forming this project, such as the demographics, diagnoses, and patient acuity of Gillette patients. Educational resources were also contemplated. The goal is to frequently incorporate the resources at Gillette, such as the simulation center, to provide staff hands-on learning opportunities as supported by the literature and the self-assessment survey (Gessler et al., n.d.; Morris et al., 2007; Winters, 2015). It is intended that this project will support nurses' needs to function competently and confidently in practice with patient safety in mind.

### **Design of Course**

The first stage in development of this course was to form a list of competencies that Gillette PACU staff and leadership believe are vital to excellent patient care. By setting and defining the expectations of staff, leadership would have an effective way to develop a tool for evaluating staff performance; specifically where individuals excel and where there is need for improvement (Alspach, 1984). Literature and required competencies were used to develop this list. These competencies included: airway, breathing, circulation, pain, temperature, level of consciousness, and wound appearance at a minimum (Clifford, 2010b, p. 114). For emergent and/or critical situations, nurses should also be competent in the following aspects of care: ventilator management, vasoactive medications, emergence delirium, malignant hyperthermia, and hemodynamic monitoring (Clifford, 2010b, p. 114).

Several modules are currently being developed to cover the desired checklist. These modules consist of educational topics derived from the PACU survey, Gillette PACU leadership,

and the literature. The first module was on blood administration as this is an uncomplicated skill that was an adequate trial for additional modules for the course. A detailed description of module 1 is described below. Additional modules that are being formed are on hemodynamic monitoring including inotropic medication administration, anesthetic agents, lines/drains/and tubes, ventilator management, and malignant hyperthermia.

### ***Design of Module 1***

In module 1, nursing staff will be educated on the components of blood product administration. Learners will be given a PowerPoint presentation that discusses key elements of administering blood products. This visual educational will provide learners with a background on the topic. Within the PowerPoint step-by-step instructions for administering blood products will be listed with depictions followed by a video demonstration of hanging packed red blood cells by Gillette's nurse educator and this graduate nurse educator student. Staff will be expected to view the PowerPoint during downtime and schedule a time with the nurse educator or this graduate nurse educator student to complete a skills check off. This check off will allow staff an opportunity for hands-on learning as it will be a comprehensive review of blood product administration. Staff will handpick a blood product from a designated card, walk the facilitator through the blood administration process, and answer questions regarding monitoring of the patient and potential adverse reactions. The nurse educator and this graduate nurse educator student will then evaluate this process to determine efficiency and usefulness of this approach. Adjustments will be made for future modules as needed.

### **Other Considerations**

In order for this project to be successful best practices must be considered. The literature reviewed indicates that learner-centered teaching is a successful method to encourage students,

or employees, to take control of their learning. In learner-centered teaching, the educator takes learning beyond the traditional classroom lecture giving students ownership of their learning through active participation in group discussion, simulation, concept mapping, and problem-based learning (Schroeder, 2012). These findings were supported in the employee survey used to guide this project (Morris et al., 2007; Winters, 2015). Based on these recommendations, the plan for completing the comprehensive critical care course at GCH will include modalities of learning.

### **Conclusion**

Professional development of all nurses is vital to staff satisfaction, patient safety, and retention of nurses (Kirsch, 1990; Benner, 1982). As Hannah (1993) states, “Assurance that each patient will receive safe and optimal care by a competent nursing staff is a professional, legal, and ethical obligation” (p. 188). Therefore, nurses of all backgrounds and experience levels should be fully supported with a robust orientation and continuing education opportunities to provide them the necessary knowledge and skills required to perform their jobs competently and confidently. This critical care course aimed at PACU skills and competencies is one exemplar of how educators can implement creative learning opportunities into their orientation of new staff and annual training to facilitate a highly skilled nursing staff in the perianesthesia department. With leadership and staff confident in the abilities of their peers and coworkers, the perianesthesia department at GCH has the opportunity to build a strong, educated, and resilient team of nurses who provide exceptional patient experiences and outcomes.

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Appendix A

**Critical Care Course Questionnaire**

Section I

1. On a scale from 1 (not competent) to 5 (extremely competent) please rate your own perceived competency in the following ASPAN Competencies:

	Not competent 1	2	3	4	Extremely competent 5
The perianesthesia nurse will use critical thinking to assess, analyze, plan, implement and evaluate patient care in a high acuity, fast paced, technological environment to improve patient outcomes.	<input type="radio"/>				
Determine the indications and usefulness for PREanesthesia laboratory, blood bank, chest x-ray, electrocardiogram (ECG), pulmonary function test (PFT) and other specific testing.	<input type="radio"/>				

Demonstrate basic airway management: Basic Life Support	<input type="radio"/>				
Demonstrate advanced airway management: ACLS	<input type="radio"/>				
Provide nursing care for the patient experiencing complete or partial airway obstruction.	<input type="radio"/>				
Perform a cardiovascular assessment	<input type="radio"/>				
The perianesthesia nurse will demonstrate appropriate assessment, interpretation and interventions for the patient experiencing cardiac dysrhythmias.	<input type="radio"/>				
Demonstrate set-up, assessment and interventions for the patient requiring invasive hemodynamic monitoring.	<input type="radio"/>				
Perform a postoperative neurological assessment	<input type="radio"/>				
Properly position the patient postoperatively to prevent neurological complications	<input type="radio"/>				
Demonstrate knowledge of inhalation agents pertinent to perianesthesia nursing.	<input type="radio"/>				
Demonstrate knowledge of neuromuscular blockade	<input type="radio"/>				

Demonstrate knowledge of regional anesthesia	<input type="radio"/>				
Demonstrate knowledge of local anesthetics	<input type="radio"/>				
Demonstrate knowledge of peripheral nerve blocks	<input type="radio"/>				
Demonstrate knowledge of neuraxial blocks	<input type="radio"/>				
The perianesthesia nurse will provide correct and appropriate fluid management and resuscitation for the patient in the perianesthesia period.	<input type="radio"/>				
Provide care for a patient using patient controlled analgesia (PCA)	<input type="radio"/>				
Provide care for the patient receiving epidural analgesia via continuous infusion	<input type="radio"/>				
Provide perianesthesia management of postoperative nausea and vomiting (PONV)	<input type="radio"/>				
Demonstrate appropriate understanding of management of malignant hyperthermia (MH)	<input type="radio"/>				
Demonstrate care of the patient who is hypothermic	<input type="radio"/>				

**Critical Care Course Questionnaire**

**Section II**

**2. In the space provided, please elaborate on areas and/or skills you feel especially competent in.**

**3. In the space provided, please elaborate on areas and/or skills where your knowledge or competency could be improved on.**

**4. In the space provided, please state what knowledge, or which competencies, you feel more education is needed for the perianesthesia department. Please be specific .**

**Critical Care Course Questionnaire**

**Section III**

**5. On a scale from 1 (highly disagree) to 5 (highly agree), please rate your opinion on the following statements:**

	Highly disagree 1	2	3	4	Highly agree 5
A mandatory critical care course would be beneficial for ALL perianesthesia RNs.	<input type="radio"/>				
"Downtime" would be an acceptable time to complete a critical care course .	<input type="radio"/>				

Comments

**Critical Care Course Questionnaire**

**Section IV**

**6. On a scale from 1 (highly disagree) to 5 (highly agree), please rate your opinion on the following statements:**

	Highly disagree 1	2	3	4	Highly agree 5
I learn best from PowerPoint Presentations on HealthStream Training.	<input type="radio"/>				
I learn best from reading articles or books on a topic.	<input type="radio"/>				
I learn best from completing case studies.	<input type="radio"/>				
I learn best from hands-on learning in a skills lab.	<input type="radio"/>				
I learn best when there is NOT a testing scenario upon completion of a learning experience.	<input type="radio"/>				
I learn best when there is a testing scenario upon completion of a learning experience in order to demonstrate that I have truly learned the content.	<input type="radio"/>				

Comments

**Critical Care Course Questionnaire**

## Section V

**7. In the space provided, please add any additional thoughts you may have regarding a critical care course for the perianesthesia department at Gillette Children's Specialty Healthcare.**

Prev

Done

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