Preparing Prelicensure Nursing Students for Workplace Violence:
A Limit Setting Education Module

By

MAYCHAO MICHELLE YANG
THESIS

Submitted in partial satisfaction of the requirements for the degree of

MASTER OF SCIENCE

in

Nursing Science and Health-Care Leadership

in the

OFFICE OF GRADUATE STUDIES

of the

UNIVERSITY OF CALIFORNIA

DAVIS

Approved:

_____
Susan L. Adams, Chair

_____
Jessica Draughon Moret

_____
Ricky Norwood

Committee in Charge

2021

Acknowledgements

First, I would like to thank my thesis chair, Dr. Susan Adams. Thank you so much for your patience, guidance and words of encouragement these past two years. This project evolved multiple times during the program but through your help it has become something I can proudly present to the world. I would also like to thank my committee members, Dr. Jessica Draughon Moret and Dr. Ricky Norwood. Thank you for taking time out of your busy schedules to provide important feedback and resources that I needed to make this project better. Additionally, I would like to thank Sharon Demeter for sharing her expertise and passion for workplace violence prevention.

Secondly, I would like to thank the Betty Irene Moore School of Nursing faculty and staff. You all work so hard for the students who come through this school, and it shows. I am a better person for being here.

Third, I would like to thank the MS-L cohort 10. I entered the program seeking knowledge and instead, I found a family.

Lastly, I would like to thank my parents, Tou Ly and Maylee Yang. Thank you for the love and sacrifices you've made so that I could be who I am today. Thank you to friends and family who have carried me through with laughter and kindness. Thank you for allowing me to vent about health care issues and the highs and lows of graduate school.

Abstract

In the hospital setting, de-escalation training has become a very important method of preventing workplace violence against nurses and other healthcare workers. While nurses are now required to complete workplace violence prevention training, there is no guarantee that nurses who complete the training have the communication skills needed during the de-escalation process with disruptive or aggressive patients. In prelicensure nursing programs, key skills in de-escalation training such as limit setting could form a solid foundation for any further training provided in the hospital setting. An online educational module on the topic of limit setting with patients and visitors was created for prelicensure graduate nursing students to address the lack of training and practice for workplace violence prevention training. The module was piloted with a cohort of 46 prelicensure graduate nursing students and eight facilitators. Feedback from participants regarding the module's content, and structure were used to revise the limit setting education module for future nursing programs. The limit setting module and lesson embody a more well-rounded workplace violence prevention training that begins in prelicensure nursing programs to prepare future nurses for the prevalence and severity of workplace violence in the hospital setting.

Table of Contents

Preparing Prelicensure Nursing Students for Workplace Violence: A Limit Setting Education Module

Introduction

Workplace violence is an ongoing issue that affects Registered Nurses (RN) in the healthcare setting. The American Nurses Association (ANA) defines workplace violence (WPV) as "any act or threat of physical violence, harassment, intimidation or other threatening, disruptive behavior from patients, patient's family members, external individuals, and hospital personnel…" (ANA, 2019, paragraph 1). Violence can also be exhibited through non-physical violence such as verbal abuse and psychological abuse. Displays of abusive behavior can come from healthcare colleagues. However, within the nursing profession, it is most common for patients or visitors to exhibit aggressive, violent, and abusive behavior. In a study discussing the prevalence of workplace violence against Emergency Room nurses, more than 50% of the participants experienced physical abuse while more than 70% of participants experienced verbal abuse (Gacki-Smith et al., 2009). The Joint Commission, the Emergency Nurses Association (ENA), ANA and other professional nursing organizations have published position statements on the issue of WPV suggesting that solutions should focus on preventing these incidents from occurring in the first place.

Background

In 2017, California passed Senate Bill (SB) 1299 Workplace Violence Prevention Plans: Hospitals in response to the epidemic of workplace violence in the healthcare setting. The bill ensured that California's Occupational Safety and Health Administration (CAL/OSHA) would oversee hospital adoption of workplace violence prevention plans that protected employees from aggressive and violent behavior (Gooch, 2018; California Legislative Information, 2014).

Hospitals have turned their attention to web-based and interactive workplace violence training for current employees while new employees are required to undergo training upon hire and annually after hire (Gooch, 2018). The focus on prevention of workplace violence has shifted the spotlight to de-escalation training (ENA, 2021; The Joint Commission, 2018).

The concept of de-escalation involves preventing an aggressive situation through the use of verbal or nonverbal skills (Roberton et al., 2012). While de-escalation training programs have become a resource for hospitals to meet the legislative requirements, they do not ensure that nurses are adequately prepared to approach potentially violent patients or visitors. Price and Baker (2012) found that healthcare staff communication skills were a leading factor in reducing assaults and suggested that not all de-escalation training programs have been created with evidence-based research. Given this information, implementing de-escalation training may not be an effective intervention without first ensuring that nurses are equipped with foundational communication skills.

In 2019, ANA began the End Nurse Abuse campaign and came together for a professional issues panel. In the Professional Issues Brief, Reporting Incidents of Workplace Violence, ANA denotes the importance of a collaborative approach and suggested that prelicensure nursing programs also work to prepare nursing students to identify and manage workplace violence (ANA, 2019). One of the strategies to ensure that nurses are provided with foundational communication skills prior to de-escalation training in the hospital is to introduce limit setting skills in prelicensure nursing programs.

Limit-setting establishes the boundaries for what behavior is acceptable or not acceptable in the healthcare setting before an aggressive incident even occurs (Roberton et al., 2012). Limit setting would allow nursing students to build awareness and competence in addressing patient

concerns and identifying WPV incidents before they escalate. Limit setting addresses WPV through establishing acceptable boundaries for the client and the healthcare team and provides structure and control for the client (Sharrock, 2000). Grossman (1997; as cited in Sharrock, 2000) highlighted how limit setting was one of the effective strategies used to work with a patient who was abusive to staff. The multidisciplinary, holistic approach was used consistently and positively changed the dynamic of the patient's relationship with the healthcare staff.

Statement of the Problem

ANA's recommendation for prelicensure nursing programs to provide workplace violence training warrants a deeper investigation. The author consulted an expert on WPV prevention from a medical center in Northern California and found that newly graduated nurses struggled with establishing limits with patients and visitors. The lack of limit setting was a common theme documented in medical center's WPV incident reporting system. While SB 1299 ensures that CAL/OSHA and California hospitals address the safety of their healthcare workers, there are no initiatives to prepare prelicensure nursing students for the prevalence and complexity of workplace violence incidents. Havaei et al. (2020) suggested that nurses and new graduate nurses who are unexpectedly exposed to WPV in the healthcare setting may be more at risk for burn out. In a study examining the effect of violence on stress and productivity in emergency nurses, Gates et al. (2011) found that 94% of participants met criteria for at least one stress symptom while 17% of participants qualified for a diagnosis of post-traumatic stress disorder after a violent event. Prelicensure nursing students are unprepared to approach aggressive patients and visitors due to the lack of WPV prevention training in current nursing curricula. Limit setting skills can be a strategy to help nursing students mitigate an increased risk for stress disorders, burn out and physical harm.

Statement of Project Purpose

The purpose of this thesis project is to incorporate the best practices for educating prelicensure nursing students about limit setting communication skills in order to prepare them to effectively approach potential workplace violence episodes in the health care setting. The goal of this project is to address the lack of preparation of WPV prevention training in nursing programs and provide prelicensure nursing students with more communication strategies for WPV incidents.

Literature Review

While the focus of this project is on limit setting, initial literature searches resulted in few articles. The limit setting articles found did not address the use of limit setting in nursing programs or limit setting and nursing students. Therefore, the author expanded the literature review to encompass all WPV prevention training in nursing programs. The purpose of this literature review is to examine the design methods utilized in teaching WPV prevention training to prelicensure nursing students. The two literature searches will be discussed prior to the examination of the literature. There are four topics highlighted in the literature: (a) broad definitions of trainings (Beech, 2008; Brann & Hartley; 2017; Heckemann et al., 2015; Jeong & Lee, 2020; Lying et al., 2012; Searby, 2019); (b) theory and practice (Beech, 2008; Beech & Leather, 2003; Bordignon & Monteiro, 2019; Jeong & Lee, 2020; Lying et al., 2012; Nau et al., 2010; Ryoo & Ha, 2015); (c) online simulation (Coyne et al., 2018; Ghamsemi et al., 2020; McCormick et al., 2013; Overstreet, 2008; Palancia Esposito & Sullivan, 2020; Terry, Moloney et al., 2016; Terry, Terry et al., 2018; Wands et al., 2020); and (d) student interest (Beech, 2008; Beech, 1999; Brann & Hartley, 2017; Jeong & Lee, 2020; Nau et al., 2010; Searby, 2019).

Search Strategy

The first literature search was conducted in June 2020 and July 2020 within PubMed and CINHAL. The studies included had to be written in English and a focus on WPV prevention, aggression, or de-escalation training for prelicensure nursing students. Studies that incorporated newly graduated nurses in their samples were included if the sample of participants also comprised of prelicensure nursing students. The search excluded articles about trainings for nurse bullying or mental health rotations. Mental health trainings may not be generalizable to other healthcare specialties. The search terms used were "workplace violence AND train* AND nurs* student*" and "workplace violence AND prevention AND train* AND nurs* student*". A total of 25 articles were found using the search terms but only six articles met criteria. Four additional articles were handpicked from the reference lists of the articles that met criteria. This literature search yielded a total of 10 articles.

The second literature review was conducted in January 2021 within PubMed and CINHAL to examine the current research on online simulations due to the emphasis on simulation from the WPV prevention training studies and the shift to online learning during the global pandemic. The articles also needed to be written in English and focus on generalized online simulation. Articles regarding computerized, robotic, or virtual reality simulation were excluded because not all nursing programs have access to the technology. Articles that examined student perceptions on the effectiveness of the conducted simulation were also excluded because this literature review is not examining student perceptions on a teaching method or teaching topic. The search terms used were "simulation" AND "nurs* student*" AND "online learning" and "simulation" and "simulation" AND "nurs* student*" AND "online education". A total of 110 articles were found using the search terms but only 9 articles met the inclusion criteria.

In total, the two literature searches yielded 19 articles for the literature review. The studies included several design methods. Seven studies were quantitative (Beech, 2008; Beech & Leather, 2003; Jeong & Lee, 2020; McMormick et al., 2013; Nau et al., 2010; Ryoo & Ha, 2015; Terry, Terry et al., 2018), two studies utilized mixed methods (Brann & Harley, 2017; Terry, Moloney et al., 2016), and five studies were applied projects that focused on examining the effectiveness of their WPV prevention training program (Beech, 1999; Lying et al., 2012; Overstreet, 2008; Palacia Esposito & Sullivan, 2020; Wands et al., 2020). Two studies were systematic reviews (Heckmann et al., 2015; Searby, 2019), two articles were integrative reviews (Bordignon & Monteiro, 2019; Coyne et al., 2018), and one article was a narrative review (Ghasemi et al., 2020).

Six studies were conducted in the United States (U.S.) while the rest of the studies were conducted in the United Kingdom, Brazil, Netherlands, Korea, Iran, Germany, and Australia. Five studies (Brann & Hartley, 2017; Jeong & Lee, 2020; Nau et al., 2010; Ryoo & Ha, 2015) utilized a pre-test, post-test design method while two studies (Terry, Moloney et al., 2016; Terry, Terry et al., 2018) used a quasi-experimental design. Beech authored three studies that examined the effectiveness of a three-day aggression training unit utilizing multiple research methods. One of these studies incorporated a longitudinal design over a three-month period where a questionnaire was distributed to students at three different points during the training. Brann and Harley (2017) used Grounded Theory and Constant Comparative Theory for the focus group of their mixed methods study. All the studies yielded a sample that was primarily female nursing students, around the ages of 20 - 30 years old who did not have previous training or experience with WPV prior to the study.

Broad Definitions of Trainings

Across the studies that examined WPV trainings in prelicensure nursing programs, different terminologies were used to describe each training program even though the content and materials were similar. Some training programs are referred to as aggression training (Beech, 2008; Heckemann et al., 2015; Searby, 2019) while others were referred to as violence prevention training (Brann & Hartley, 2017; Jeong & Lee, 2020). The topics included under each training program also varied from small to comprehensive topics which included violence theory and physical interventions. For example, Beech (2008) and Lying et al. (2012) both included information on theory, risk factors, verbal, and nonverbal communication. However, Lying et al. (2012) added topics about diverse populations, and incident reporting. In comparison. Brann and Hartley (2017) included definitions on the different levels of violence such as criminal intent, patient/client, co-worker, and intimate partner violence with a focus on patient/client, and co-worker violence. They also discussed prevention strategies at the organizational level and post-event responses and provided multiple case studies involving patients or visitors. While some topics overlap, there is a lack of standardization between trainings due to the different approaches and goals of each program.

Theory and Practice

Theory and practice were the common teaching structure across WPV prevention training programs. Information is first introduced before students are required to practice the information or skills in an activity. For example, Beech (2008) created an in-person three-day aggression training unit which included definitions and theories of aggression and violence, risk factors, and verbal and nonverbal interaction. On the last day of the training, the students were given a review of the theory content, but the majority of the agenda consisted of video scenarios or breakaway

skills training. Lying et al. (2012) also created a training program that included teaching topics on theory, risk factors, recognition of warning signs, appropriate verbal and nonverbal interventions, self-awareness, awareness of diverse populations, and incident reporting. To reinforce the teaching topics, a multitude of teaching activities were also incorporated which included videos, games, self-awareness quizzes, roleplay, discussion and reflection (Lying et al., 2012).

The quantity of theory and practice sessions differed between all training programs. For example, in studies that utilized simulation as the practice activity, students participated in a scenario and then participated in a debriefing session to complete the activity. Ryoo & Ha (2015) examined the importance of debriefing in simulation-based learning and found that clinical competency, psychomotor skills, communication skills, and communication for non-technical skills were better in students who completed debriefing after simulations. Bordignon & Monteiro (2019) also found that the debriefing step of simulation was where most of the learning happened for students because they were allowed to reflect on their performance and their decision making during the scenario. In contrast, Jeong and Lee (2020) created a four-week training program that broke down theory content and used different practice activities for each new topic. For example, in session five of their program, students watched YouTube videos on the topic of verbal abuse as the theory content and then were asked to complete verbal abuse case studies and roleplay as the practice activities. In a program such as Jeong and Lee's, theory and practice are completed multiple times which allows the students to sit with the content longer and practice activities that stimulate different psychomotor skills. Their program assessed their students with pretest, post and follow-up assessments as the students completed each topic.

There are mixed results about the effectiveness of these trainings. Beech & Leather (2003) found that their students still retained information from their three-day aggression training three months after the initial trainings. Nau et al. (2010) found that while most students showed progress, some students' performances did not improve after their 24-session trainings and in some instances, some students performed worse after training. These varying results presents a complicated challenge and may require that students complete multiple training sessions throughout their nursing programs and beyond to master the skills needed to address aggressive and violent patients. One method that has remained the same across the studies on the WPV prevention trainings is the use of simulation as a practice activity.

Online Simulation

The WPV prevention program studies emphasized simulation-based learning teaching methods through roleplay, unfolding case studies and high-fidelity simulations with a mannequin as the patient. Simulation is an effective teaching method compared to the traditional classroom lecture (McCormick, de Salvy & Fuller, 2013). However, online simulation-based learning has been a relatively new approach in nursing programs that have had to adapt during the global pandemic. Palancia Esposito & Sullivan (2020) created an asynchronous and synchronous six-hour virtual simulation experience for their students which included a one-hour case study, a one hour mini-care plan, and two hours to debrief the case study and the care plan. The authors found that online simulation-based learning allowed students to dive deeply into concepts through clinical scenarios, and discussions from different perspectives and different ideas (Palancia Esposito & Sullivan, 2020). Ghamsemi, Moonaghi and Heydari (2020) agreed with these findings and also added that students were more engaged and enjoyed the online technologies with simulation more than other teaching methods.

The asynchronous method of online simulation-based learning has its own considerations. The articles focused on online simulation-based learning used a teaching method called blended learning in which asynchronous and synchronous online activities are combined in one lesson. Coyne et al. (2018) examined the effectiveness of blended learning and found that this method supported students with different learning styles, provided context for theoretical learning and helped foster independent student learning. Terry, Moloney et al. (2016) also examined the effectiveness of blended learning and found that students who participated in blended learning activities scored better on assessments than students who only participated in online or in-person learning. Students also reported that the realistic features of the online activity, accessibility of the online resources and the ability to review the online activity repeatedly at their own leisure were the highlights of the activity. Not only does blended learning seem to be a more effective teaching method, but the method also seemed to allow students to retain the information over a longer period of time. Terry, Terry et al. (2018) reported that students who participated in the blending learning activities retained information much better than their counterparts and could remember the information after 26 weeks.

While most students in these studies gave praise to the new teaching methods, there are key components to creating an online simulation that must be considered. Overstreet (2008) reported that clinical scenarios and equipment needed to be realistic and based on real world situations. Wands et al. (2020) also reported that students enjoyed lessons more when previous information from the course was also incorporated in the clinical scenarios so students could make more connections between old and new concepts. Students also reported that consistent structure from facilitators and receiving materials ahead of time to review were very important to them (Wands et al., 2020). While faculty from the study agreed that students were very engaged,

they did report concerns with student access to technology, internet issues that needed to be troubleshot during the online simulations, and presenting culturally considerate information (Coyne et al., 2018). Wands et al. (2020) echoes this concern and emphasizes the importance of providing students with access to internet or technology. These concerns are important to consider even as students remain interested in online simulation-based activities and WPV prevention trainings.

Student Interest

The majority of prelicensure nursing students who completed the trainings agreed that there is a need for WPV prevention training programs. Beech (2008) stated that nursing students were very interested in aggression management training. Students valued the training and how they were equipped with tools to remain safe (Searby. 2019). Interestingly, student's confidence with addressing WPV incidents increased after trainings (Beech, 2008; Jeong & Lee, 2020). Brann & Hartley (2017) found that nursing student's awareness of WPV increased after trainings for up to four weeks. Nursing student interest and safety should be a motivating factor in including WPV prevention training into nursing curriculum. Beech (1999) received feedback from students recommending that the training should be included at the beginning of the nursing program to prepare students before they enter clinical rotations. Nau et al. (2010) suggested replacing outdated curriculum with aggression related topics to help with nursing student preparedness. Some nursing students suggested that WPV prevention training programs should be required for all incoming nursing students (Brann & Hartley, 2017). Given the student feedback, training programs could be structured in a way where students are exposed to the topic of workplace violence and prevention tactics prior to clinical rotations and the training could be refreshed throughout the nursing programs.

Gaps in the Literature

After examining the literature on current teaching methods for workplace violence prevention training in nursing schools and online simulation-based learning, it is apparent that there are several gaps in the literature which include the lack of articles from the U.S., lack of performance-based evaluation and lack of diverse study participants. Most of the articles that met criteria for the literature review were conducted outside of the U.S. The difference in health systems and nursing program regulation means that most of these articles may not be accurately generalized to the U.S. healthcare system or U.S. nursing programs. Brann and Hartley (2017) is the only U.S. article that met criteria for the literature review, but the purpose of the article was to examine the effectiveness of the National Institute for Occupational Safety and Health (NIOSH) training module. Based on the lack of information about WPV training in U.S. schools of nursing, one might assume that no workplace violence prevention training program has ever been implemented in a U.S. nursing program.

Most studies examined the effectiveness of the training through evaluations of nursing students' self-efficacy, confidence and attitudes (Beech, 2008; Brann & Hartley, 2017; Jeong & Lee, 2020; Nau et al., 2010). The lack of performance-based evaluation in the articles does not ensure that these trainings are effective when faced with a non-simulated WPV encounter. The use of perception-based evaluation lacks validity and reliability because it is based on subjective data and has not been tested with multiple cohorts of nursing students. The lack of standardization with current training in nursing programs is also a barrier in testing the validity and reliability of these trainings. Lastly, all studies utilized a sample that were primarily White, female nursing students between the ages of 20-30 years old which does not adequately represent the nursing student population.

Despite these limitations, the literature review provided foundational and current information on WPV prevention training within nursing schools. Despite the different names used to describe WPV prevention training, all programs shared information that exposed students to the prevalence of WPV, the types of WPV, and strategies to prevent or address WPV. All training programs utilized theory and practice as the blueprint for nursing student learning. Theory information was paired with practices activities that provided students with an opportunity to the practice in a safe and controlled environment. The most common practice activity in WPV prevention trainings were simulations which highlighted the importance of debriefing after each scenario. Lastly, most articles shared some level of student interest about WPV and made suggestions for incorporating WPV prevention trainings into nursing curricula.

Methods

For this thesis project, an educational module was created about limit setting with aggressive patients or visitors. The module was piloted in a Master's Entry Nursing Program (MEPN) course, Nursing (NRS) 429D Collaborative Practice, at a Northern California public university. The project included six major components: (a) Development of the Pre-session Educational Materials, (b) Development of a Virtual Simulation Roleplay Activity, (c) Development of a Facilitator Guide, (d) Facilitator Recruitment and Orientation, (e) Implementation of the Module, and (f) Evaluation.

Development of the Pre-session Educational Materials

The thesis project consisted of an asynchronous educational module on limit setting using fictional simulated patients and visitors, and a synchronous online roleplaying session and debriefing with 46 nursing students and eight facilitators. The asynchronous educational module included a 10-minute Panopto video, two scholarly articles on limit setting and review of a limit

setting worksheet. Nursing students were required to complete the asynchronous assignments prior to engaging in the synchronous online session where the roleplay activity was conducted. An evaluation of the limit setting module was completed by students and facilitators.

The audio-visual 10-minute educational asynchronous presentation was created with Panopto. Panopto is "a video platform that allows video management, recording and editing, live streaming, and video searching of similar videos in the Panopto library" (Panopto, 2020, paragraph 1). Panopto was chosen over other video making tools because of the program's ability to incorporate quizzes, video and include closed captions. The versatility of Panopto ensured that nursing students with hearing or visual impairments were still able to learn about the topic without any impediments. Key concepts such as the prevalence of WPV, current resources for WPV, definitions of limit setting, and appropriate usage of limit setting are included in the video. Students were asked to answer four questions during the video to assess their knowledge and understanding. The Panopto educational module was uploaded onto Canvas for students and can be accessed through the following link: https://ucdhs.hosted.panopto.com/Panopto/Pages/Viewer.aspx?id=f303ad83-1cdb-476e-87b4-ad040130586d&start=0. Canvas is a learning management system for administrators, instructors and students which provides a platform for courses, assignments, grading programs and other interactive teaching and learning features (Instructure, 2021).

The Educational Module

The information in the pre-session asynchronous module on Panopto was divided into four sections: (a) Background on the issue of workplace violence, (b) Prevention as the chosen approach, (c) How to use limit setting and (d) When to use limit setting with patients and visitors (See Appendix A).

Section 1. Section 1 introduced the prevalence of violence against nurses and healthcare workers. This section also included background information and significant statistics on why workplace violence is a growing issue. For example, ANA reports that one in four nurses are assaulted at work (ANA, 2020).

Section 2. Section 2 introduced SB 1299 and its impact on hospitals approaches to workplace violence prevention. Additional resource such as the National Institute for Occupational Safety and Health (NIOSH) workplace violence prevention module were included as an existing resource that highlights best practices for the hospital setting.

Section 3. Section 3 introduced definitions of common terminology in limit setting, de-escalation practices and skill development. Limit setting articles that did not meet literature review criteria were used to inform this section of the module. Students were asked to respond to two true-false questions after completing this section to determine if they were able to understand the key concepts presented.

Section 4. Section 4 focused on appropriate usage of limit setting. Students were also introduced to the Crisis Prevention Institute (CPI) model of Integrated Experience which outlines four behavior levels, and four staff approaches to each behavior (See Appendix B). Students responded to two case study questions at the end of this section to determine if they were able to assess if limit setting was appropriate in those cases and if they could choose a limit setting statement that best fit the situation. The four questions included in the module were not used to grade the students. Instead, they were used to gauge if the students were able to remember, understand, and apply the information presented. For students who scored lower in some of the knowledge check questions, the author spent time in the synchronous online session clarifying those concepts.

Development of a Virtual Simulation Roleplay Activity

The synchronous roleplay activity has two purposes: first, to allow students to apply what they learned from the asynchronous materials and practice limit setting by using their psychomotor skills; and secondly, to create a safe space for exposing and preparing students for aggressive or violent encounters in the health care setting. Opportunities to practice limit setting or de-escalation skills increases a nursing students' confidence in handling a situation with an aggressive or violent patient (Beech, 2008; Jeong & Lee, 2020; Brann & Hartley, 2017). Zoom is the online platform used for online class meetings for the NRS 429D Collaborative Practice course. Therefore, Zoom was used to implement the roleplay activity. Zoom is "a cloud platform for video, chat and content sharing that can be used across mobile devices, desktops, telephones, and room systems" (Zoom, 2019, paragraph 1). Six roleplay scenarios were created in preparation of the activity. Students were able to access the scenarios one week before the synchronous online session.

The Roleplay Activity

For the roleplay scenarios, the author created a fictional character profile utilizing a Simulation Design Template (National League of Nursing, 2019). The character profile and scenarios are based on the author's past experiences with patients and visitors. The structure of the character profile and the scenarios were reviewed by the author's Thesis Chair and an Expert Reviewer. As the scenario begins, Ms. Joan Smith is an 81-year-old, White female who was admitted to the medical-surgical unit for confusion and pneumonia. A urine culture in the Emergency Room showed that the patient also had a urinary tract infection. All pain medications were discontinued due to her confusion. She started displaying aggressive behavior that escalates into various worsening displays of violence as the six scenarios evolve (See Appendix C).

In the first scenario, Ms. Smith wanted pain medication for her arthritis and has called the nurses' work phone three times within an hour. The next three scenarios focused on the conflict around pain medication between Ms. Smith, the nurse and eventually the attending physician, and Ms. Smith's son, Robert. In the fifth scenario, the situation escalated to the point where Robert was banned from the hospital. In the final scenario, the nurse and Ms. Smith attempted to bridge the damage that had been done to the therapeutic relationship.

At the end of each scenario prompt, students were asked how they would approach the situation. Student responses and their chosen approach were expected to align with the CPI Integrated Experience model that was provided in the pre-sessional materials. For example, Ms. Smith's persistent calling of the nurse was indicative of anxiety. Therefore, the student should use a supportive approach for limit setting in that scenario.

A one-page limit setting worksheet was also provided to the students prior to and during the synchronous session. The purpose of the worksheet was to provide a reference and assistance for students who may have trouble using limit setting language during the roleplay activity (See Appendix D).

Development of a Facilitator Guide

A Facilitator Guide was developed for the small group facilitators. The Facilitator Guide provided facilitators with the learning objectives, expectation of students and their role in the activity (See Appendix E). Facilitators had access to all the student materials prior to the session. The guide also provided information on when the synchronous session took place, where to find the Zoom link, how the activity would be conducted and expectations for facilitators and students. A link to a YouTube playlist on how to use Zoom was also included in the guide to assist with facilitators that are not familiar with the Zoom platform.

Facilitator Recruitment and Orientation

Eight facilitators were recruited for the activity which included six nurses, one police officer and one dietician with pediatric inpatient psychiatric experience. The facilitators were individuals who were familiar with workplace violence issues, had mental health experience or had assisted in workplace violence prevention planning at a Northern California medical center. Facilitators were required to attend a one-hour Zoom orientation within the month prior to the synchronous online session. The purpose of the orientation was to provide clarification on the facilitator roles, student expectations and the structure of the roleplay activity during the session. The orientation was essential to a low-fidelity simulation teaching method such as a roleplay and assists facilitators on their roles and how to conduct debriefing (Jeffries et al., 2016).

During the facilitator orientation, participants were introduced to each other. The date, time and Zoom link for the synchronous session with the students was reviewed. Facilitators were instructed to introduce themselves to the students and assign one of the six scenarios to each student. Before the activity began, the facilitators reviewed directions and set expectations with students.

Implementation of the Module

On the day of the synchronous online session, students had access to six roleplay scenarios and the limit setting worksheet. For the introduction, the author introduced themself and the eight other facilitators before providing directions on the roleplay activity. The purpose of allotting some time at the beginning of the lesson for introductions was to provide an opportunity for students to ask questions about the pre-session educational module, to review the quiz responses, to provide directions on the roleplay activity and clarify any questions about the activity.

The roleplay activity required a total of 60 minutes to complete. A total of 46 students participated and were pre-assigned into breakout groups before the Zoom session. Each group had four to six students and one facilitator. Each student had an opportunity to roleplay one of the six progressive scenarios. Students choose a number from one to six which was associated with which of the six scenarios they would perform. Each roleplay scenario was timed and took no longer than two to three minutes for the roleplay interaction and then five minutes for the debrief after each segment. The facilitator took on the role of the patient while the students took on the role of the primary nurse. When students are not engaged in roleplaying a scenario, they were observers and provided feedback during the debrief portions.

In the role of the patient, the facilitator provided constructive feedback and more realistic acting from their own experience with aggressive patients and/or visitors. Students were told that the purpose of the roleplay activity was to practice limit setting skills as an ungraded low-risk activity. Students were allowed to use notes from the education module or the limit setting worksheet. Every student was expected to assess the scenario they had been assigned and decide if a limit setting statement was appropriate or not appropriate. If a limit setting statement was appropriate, the student would verbalize a limit setting statement. If a limit setting statement was not appropriate, the students would verbalize what steps they should take instead.

The facilitator was in charge of keeping time during the first scenario. The role of timekeeper was then passed onto the student who completed the first scenario which ensured that each student was allowed to participate once during the roleplay. If a student was struggling, the facilitator was able to prompt the student as the patient. If that did not help, the facilitator was able to end the scenario early and begin the debriefing process with the group.

According to Jeffries et al. (2016), debriefing in a simulation learning activity should be twice the amount of time as the scenario and should include active participation from everyone in the group. Students were encouraged to provide feedback or ask questions about each scenario. Positive and negative feedback should be given in equal amounts given the short amount of time allotted to each scenario (Leighton, 2021). During the debriefing process, the students were asked how they felt, what went well or did not got well and what the students have learned from the scenario. Facilitators were also provided with the author's contact information during the orientation and on the day of the synchronous online session. Facilitators were directed to contact the researcher if they had cancellations or questions. After all groups had performed a roleplay with debriefings, a final debriefing session was conducted to highlight some of the key lessons learned during the simulations and to reinforce the pre-session information.

The debriefing session with the students and the facilitators was allotted 10 to 15 minutes. While the allotted time is short, the decision took into consideration the 36 minutes that students and facilitators spent debriefing after each scenario. The beginning of the debrief was spent reviewing the last scenario because a few groups were not able to review the scenario within the allotted time. Students were then asked to share what went well, what did not go well, what they learned from their own scenarios and what they learned as each situation progressed. The students were prompted to share about their preparedness prior to the activity and after the activity. The purpose of this debriefing session was to allow students to process and reflect on what the students have learned from the activity (Bordignon & Monteiro, 2019). This time also allowed the author to receive real time feedback about the education module or the roleplay activity.

Evaluation

An optional Qualtrics survey was provided to students and facilitators to evaluate the education module and roleplay activity. The survey link was uploaded onto Canvas and made available for students on the day of the synchronous session (See Appendix F). Qualtrics is an "experience management program that allows the user to create surveys and receive predictive and detailed analysis for research, and technical account management" (Qualtrics, 2020, paragraph 1). Qualtrics was chosen as the survey tool for its anonymity, ability to survey multiple groups within one survey and ability to produce detailed analysis of the survey results.

Students provided feedback on the content, structure and usability of the educational module and roleplay activity since they were the recipients of new information. Facilitators provided feedback as an instructor assessing if the roleplay activity was appropriate and structured well for prelicensure nursing students. The survey consisted of three knowledge check questions, six evaluation questions and one free text space (See Appendix F). The three content questions are included to ensure that the key points about limit setting were retained after the synchronous lesson. The remaining six evaluation questions used a Likert scale 1-5 "strongly disagree" to "strongly agree". These questions evaluated the content and structure of the module and the structure of the roleplay. Facilitators only completed the survey questions related to the roleplay activity. The final question was a free text box prompting any written feedback. The survey was available for a week after the session to allow for a higher response rate. The response rate goal was 50% for students and facilitators. This translates to 23 evaluations from students and three evaluations from facilitators. The survey responses were used to help further revise the modules and roleplay experience for future use.

Results

The asynchronous education module and synchronous online session was completed during Spring Quarter 2021 in the NRS 429D Collaborative Practice course. Out of 46 MEPN students and eight facilitators, a total of 17 students and seven facilitators successfully completed the Qualtrics survey. One facilitator only completed 64% of the survey but their feedback was still included in the results. The results will include the pre-synchronous session knowledge questions in the Panopto video, the post-synchronous session knowledge questions in the Qualtrics survey, general feedback, and recommendations.

Pre-Synchronous Session Knowledge Check Questions

The pre-synchronous session questions in the Panopto video included two true or false questions and two case study questions assessing the students understanding of limit setting. A total of 63% (n = 29) of students completed the video prior to the synchronous Zoom session. For the true or false questions, all students correctly answered the first question which defined limit setting. For the second question, only 76% (n = 22) of students correctly identified when limit setting was most appropriate. For the case study questions, 79% (n = 23) of students correctly identified a limit setting statement for the first scenario while only 45% (n = 9) of students correctly identified a limit setting statement for the second scenario.

Post-Synchronous Session Knowledge Check Questions

For the post-synchronous session questions in the Qualtrics survey, students were required to complete the three knowledge check questions. Facilitators, on the other hand, did not need to complete these questions and were automatically redirected to questions about the Panopto video, roleplay activity and the free text box.

The post-synchronous session questions revealed that 100% (n = 17) of students were able to correctly define limit setting in the first question. For the second question, 94% (n = 16) of students were able to correctly identify that the limit setting statement was inappropriate. For the third question, only three students correctly identified that limit setting was not an appropriate response to patients or visitors who use physical violence.

General Feedback

The feedback from students and facilitators were generally positive. For the Panopto video, over 95% of students and facilitators agreed or strongly agreed that the video was comprehensive, used clear language, and prepared students for the roleplay activity. Additionally, students responded that the video was informative, valuable, and applicable to a variety of clinical settings. One student enjoyed that questions were embedded into the Panopto video to test their understanding of limit setting. Facilitators also agreed that the video was clear, easy to navigate with clean and organized slides. One facilitator found the length of the video appropriate and enjoyed the inclusion of staff responses to certain signs from patients and visitors.

For the roleplay activity, over 90% of students and facilitators agreed or strongly agreed that the activity helped students apply information from the module, enabled students to practice limit setting and were realistic and applicable to real life scenarios. Another student commented that they would like to see this topic become a part of the curriculum. Several students felt the scenarios were awkward or difficult to navigate due to the loss of body language or clinical surroundings over Zoom. Two facilitators shared that they wished they had learned about limit setting or similar WPV topics during their nursing programs.

Recommendations

Several recommendations from students and facilitators were made regarding the limit setting module. For the Panopto video, a facilitator suggested that the video should include more examples or case scenarios that outline appropriate student responses. The facilitator went on to explain that the examples would add some variety of learning and additional visual aids. For the roleplay scenario, students and facilitators agreed that the activity required additional time, and students needed more direction with body language. One student felt that the activity needed more time so everyone could practice and gain some experience. A facilitator also commented that students would have benefitted from more time with setting up expectations, normalizing the roleplay scenarios and reviewing limit setting again. Regarding body language, a facilitator prompted the researcher to consider how body language is pertinent to the scenarios and can be further modified for online learning. In scenario 5, when the facilitator was not able to charge toward the student, some students did not comprehend that the visitor was acting out and it was a potentially dangerous situation. Additionally, a student commented that it would be helpful to see a roleplay example before they practiced in small groups.

Revisions

Based on the recommendations from students and facilitators, several changes will be made to the limit setting module. Based on the pre-synchronous session and post-synchronous session knowledge check questions, students were not able to correctly identify a good limit setting statement or understand that limit setting is not an appropriate response to physical violence from a patient or visitor. The following revisions will address this gap in the students' learning regarding limit setting. For the Panopto video, additional slides will be included in Section 3 that outline the structure of a good and bad limit setting statement. The slides will

break down each statement to explain the rationale for why a limit setting statement is deemed good or bad. In Section 4, case examples will be added to each slide about the CPI Integrated Model to provide students with more information on how to distinguish each stage. Another slide will be included in Section 4 to explicitly state that limit setting is not appropriate for physical violence from patients or visitors.

For the roleplay activity, ten minutes will be added to the overall activity to allow facilitators to establish the norms for the scenario including the setting, time, and expectations of the activity. The roleplay scenarios provided to the facilitators will include more directions about the emotional state and physical action of the Ms. Smith and her son, Robert. The roleplay scenarios provided to the students will be modified to include the SBAR of Ms. Smith and more descriptions of the setting within the unit or patient rooms. The Limit Setting Worksheet will also be modified to include an example of a good limit setting statement for future students to model the language.

Discussion

Current nursing programs in the U.S. have an opportunity to help nursing students prepare for workplace violence by incorporating limit setting into the curricula. Incorporating theory and practice is a common method for introducing workplace violence prevention trainings in nursing schools (Beech, 2008; Jeong & Lee, 2020; Lying et al., 2012; Nau et al., 2010). This project piloted an educational module and roleplay activity for prelicensure graduate nursing students about limit setting with patients and visitors utilizing those suggestions from the literature. The educational module and accompanying roleplay activity provide a foundation for introducing prelicensure nursing students to workplace violence in healthcare and introducing conversations about professional issues surrounding workplace violence. While existing

literature on the use of limit setting in nursing programs is minimal, this topic is still important and can be easily incorporated into existing WPV prevention training. The literature supports the notion that opportunities to practice de-escalation skills increases a nursing students' confidence in handling a situation with an aggressive or violent patient (Beech, 2008; Jeong & Lee, 2020; Brann & Hartley, 2017). The module and activity also provided an opportunity to incorporate workplace violence prevention training in nursing curricula and introduce nursing students to existing resources.

Future Refinement and Implementation

The educational module and role play activity can be modified to assist the learning for other students in the health professions. The issues surrounding workplace violence do not solely affect nurses and nursing students. Therefore, improvements and further changes are encouraged to fit the needs of other health professions.

Distribution

Once revisions are completed, the education module will be distributed to UC Davis Health. The module will be utilized as part of Workplace Violence Training for new graduate and new nurses to UC Davis Health. The author also hopes that the limit setting module will be further implemented under the graduate prelicensure nursing program at UC Davis and become a consistent part of clinical training.

Limitations

There were several limitations with the piloting and implementation of this thesis project. First, only 63% of students completed the required asynchronous module prior to the synchronous roleplay activity on Zoom. Therefore, 37% of students were not able to provide accurate feedback on the content of the educational module or participate in the synchronous

roleplay with full understanding of limit setting. Inadequate preparation for the synchronous session could have possibly negatively impacted students understanding and performance during roleplay scenarios and debriefing sessions. Secondly, not enough time was allocated to the roleplay activity during the synchronous online session. While students may have been given the opportunity to practice limit setting, the time constraints could have caused students and facilitators to feel hurried and negatively impacted the student's learning. Third, the student's learning of the materials is dependent on the assigned facilitator's knowledge and understanding of de-escalation and limit setting. Some students may have had a more experienced facilitator who was able to provide better direction and feedback while other students may not have been given that structure with a less experienced facilitator. Finally, the use of the online platform Zoom may have also been a barrier to engagement, participation, and lack of real time feedback due to the lack of physical expression and presence. Despite these limitations, the feedback from students and facilitators regarding the topic and structure of the limit setting module are promising.

Future Research

While studies have been published globally regarding workplace violence prevention programs and prelicensure nursing students, more research needs to be conducted on these topics within the U.S. healthcare system. Given the lack of studies involving limit setting as a strategy to address WPV, there is also a need for more research about incorporating limit setting into nursing programs and its use in WPV prevention. Studies that examine the effectiveness of implementing workplace violence prevention training in nursing programs and examine the effectiveness of distance learning teaching methods would also contribute to the literature.

Conclusion

Workplace violence is a multi-faceted issue that affects registered nurses and other healthcare workers. While introduction of legislation such as SB 1299 and position statements from ANA, ENA and the Joint Commission highlight the prevalence of the issue, it only provides solutions for current and practicing nurses. Prelicensure nursing students are part of the future healthcare workforce that will face WPV and must be equipped and trained to face these situations. This thesis project provides a foundation for incorporating workplace violence prevention topics into nursing curricula through the creation of an education module on limit setting with patients and visitors. Introduction to WPV prevention and professional issues surrounding WPV during the nursing program ensures that students are able to practice and adequately prepare for future incidents with aggressive or violent individuals. Proactivity and prevention are the key to battling the prevalence of violence in the healthcare setting.

References

American Nurses Association. (2020). End Nurse Abuse. Retrieved December 8, 2019, from https://www.nursingworld.org/practice-policy/work-environment/end-nurse-abuse/

Beech B. (2008). Aggression prevention training for student nurses: differential responses to training and the interaction between theory and practice. *Nurse education in practice*, *8*(2), 94–102. https://doi.org/10.1016/j.nepr.2007.04.004

Beech B. (1999). Sign of the times or the shape of things to come? A 3-day unit of instruction on 'aggression and violence in health settings for all students during pre-registration nurse training'. *Nurse education today*, *19*(8), 610–616. https://doi.org/10.1054/nedt.1999.0356

Beech, B., & Leather, P. (2003). Evaluating a management of aggression unit for student nurses. *Journal of advanced nursing*, *44*(6), 603–612. https://doi.org/10.1046/j.0309-2402.2003.02850.x

Bordignon, Maiara, & Monteiro, Maria Inês. (2019). Uso da simulação na capacitação sobre violência no trabalho da enfermagem. *Acta Paulista de Enfermagem*, *32*(3), 341-349. Epub July 29, 2019.https://doi.org/10.1590/1982-0194201900047

Brann, M., & Hartley, D. (2017). Nursing student evaluation of NIOSH workplace violence prevention for nurses online course. *Journal of safety research*, *60*, 85–91. https://doi.org/10.1016/j.jsr.2016.12.003

California Legislative Information. (2014). SB-1299 Workplace violence prevention plans: Hospitals. Retrieved October 14, 2020, from https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201320140SB1299

Coyne, E., Rands, H., Frommolt, V., Kain, V., Plugge, M., & Mitchell, M. (2018). Investigation of blended learning video resources to teach health students clinical skills: An integrative review. *Nurse Education Today, 63*, 101–107. https://doi.org/10.1016/j.nedt.2018.01.021

Emergency Nurses Association. (2021). Position Statement: Violence and Its Impact on the Emergency Nurse.

Gacki-Smith, J., Juarez, A., Boyett, L., Homeyer, C., Robinson, L., MacLean, S. (2009). Violence Against Nurses Working in US Emergency Departments, JONA: The Journal of Nursing Administration: Volume 39 - Issue 7/8 - p 340-349 doi: 10.1097/NNA.0b013e3181ae97db

Gates, D. M., Gillespie, G. L., & Succop, P. (2011). Violence against nurses and its impact on stress and productivity. *Nursing economic$*, *29*(2), 59–67.

Ghasemi, M. R., Moonaghi, H. K., & Heydari, A. (2020). Strategies for sustaining and enhancing nursing students' engagement in academic and clinical settings: a narrative review. *Korean journal of medical education*, *32*(2), 103–117. https://doi.org/10.3946/kjme.2020.159

Gooch P. P. (2018). Hospital Workplace Violence Prevention in California: New Regulations. *Workplace health & safety*, *66*(3), 115–119. https://doi.org/10.1177/2165079917731791

Havaei, F., Astivia, O., & MacPhee, M. (2020). The impact of workplace violence on medical-surgical nurses' health outcome: A moderated mediation model of work environment conditions and burnout using secondary data. *International journal of nursing studies, 109*, 103666. https://doi.org/10.1016/j.ijnurstu.2020.103666

Heckemann, B., Zeller, A., Hahn, S., Dassen, T., Schols, J. M., & Halfens, R. J. (2015). The effect of aggression management training programmes for nursing staff and students working in an acute hospital setting. A narrative review of current literature. *Nurse education today*, *35*(1), 212–219. https://doi.org/10.1016/j.nedt.2014.08.003

Jeffries, P., Swoboda, S. & Akintade, B. (2016). Teaching and Learning Using Simulations (Eds.), *Teaching in Nursing: A Guide for Faculty* (5th ed., pp. 304-321). Elsevier.

Jeong, Y., & Lee, K. (2020). The Development and Effectiveness of a Clinical Training Violence Prevention Program for Nursing Students. *International journal of environmental research and public health*, *17*(11), 4004. https://doi.org/10.3390/ijerph17114004

Leighton, K. (2021). Facilitating Learning Using Patient Simulation (Eds.), *Innovative Teaching Strategies in Nursing and Related Health Professions* (8th ed., pp. 241-269). Jones and Bartlett Learning.

Learning management - higher ed. Instructure. (2021). https://www.instructure.com/higher-education/learning-management.

Lyng, C., Cocoman, A., Ward, E., & McGrath, M. (2012). Managing Challenging Situations in Practice: A New Program Developed to Meet the Specific Needs of Nursing Students. *Journal of Nursing Education*, *51*(11), 656–659. https://doi.org/10.3928/01484834-20121005-01

National League for Nursing. (2019). *Simulation Design Template* [Word Document]. National League for Nursing.

McCormick, M. J., de Slavy, J. R., & Fuller, B. (2013). Embracing technology: using an unfolding case simulation to enhance nursing students' learning about Parkinson

disease. *The Journal of neuroscience nursing : journal of the American Association of Neuroscience Nurses*, *45*(1), 14–E8. https://doi.org/10.1097/JNN.0b013e318275b220

Nau, J., Halfens, R., Needham, I., & Dassen, T. (2010). Student nurses' de-escalation of patient aggression: a pretest-posttest intervention study. *International journal of nursing studies*, *47*(6), 699–708. https://doi.org/10.1016/j.ijnurstu.2009.11.011

Overstreet M. (2008). The use of simulation technology in the education of nursing students. *Nursing Clinics of North America, 43*(4), 593–603.

Palancia Esposito, C., & Sullivan, K. (2020). Maintaining Clinical Continuity Through Virtual Simulation During the COVID-19 Pandemic. *Journal of Nursing Education*, *59*(9), 522–525. https://doi.org/10.3928/01484834-20200817-09

Panapto. (2020, April 22). Panopto Features: Video Solutions For Businesses & Universities. Retrieved December 01, 2020, from https://www.panopto.com/features/

Price, O., & Baker, J. (2012). Key components of de-escalation techniques: a thematic synthesis. *International journal of mental health nursing*, *21*(4), 310–319. https://doi.org/10.1111/j.1447-0349.2011.00793.x

Qualtrics. (2020, September 03). Professional Services, Consulting & Implementation // Qualtrics. Retrieved December 01, 2020, from https://www.qualtrics.com/services/

Roberton, T.,Daffern, Michael., Thomas, S., Martin, T. (2012). De-escalation and limit-setting in forensic mental health units, *Journal of Forensic Nursing, 8*(2), 94-101. doi: 10.1111/j.1939-3938.2011.01125.x

Ryoo, E. N., & Ha, E. H. (2015). The Importance of Debriefing in Simulation-Based Learning: Comparison Between Debriefing and No Debriefing. *Computers, informatics, nursing : CIN*, *33*(12), 538–545. https://doi.org/10.1097/CIN.0000000000000194

Searby, Adam. (2019). Aggression Management Training in Undergraduate Nursing Students: A Scoping Review. *Issues in Mental Health Nursing*, *40*(6), 503-510.

Sharrock, J., & Rickard, N. (2002). Limit setting: a useful strategy in rehabilitation. *The Australian journal of advanced nursing: a quarterly publication of the Royal Australian Nursing Federation*, *19*(4), 21–26.

Terry, V. R., Moloney, C., Bowtell, L., & Terry, P. C. (2016). Online intravenous pump emulator: As effective as face-to-face simulation for training nursing students. *Nurse education today*, *40*, 198–203. https://doi.org/10.1016/j.nedt.2016.03.004

Terry, V. R., Terry, P. C., Moloney, C., & Bowtell, L. (2018). Face-to-face instruction combined with online resources improves retention of clinical skills among undergraduate nursing students. *Nurse education today*, *61*, 15–19. https://doi.org/10.1016/j.nedt.2017.10.014

The Joint Commission. (2018). Physical and verbal violence against health care workers.

Wands, L., Geller, D. E., & Hallman, M. (2020). Positive Outcomes of Rapid Freeware Implementation to Replace Baccalaureate Student Clinical Experiences. *Journal of Nursing Education*, *59*(12), 701–704. https://doi.org/10.3928/01484834-20201118-08

Zoom. (2019). Video Conferencing, Web Conferencing, Webinars, Screen Sharing. Retrieved December 01, 2020, from https://explore.zoom.us/about?_ga=2.100847049.936527877.1607110063-811282580.1584040449

Appendix

Appendix A: Education Module Outline

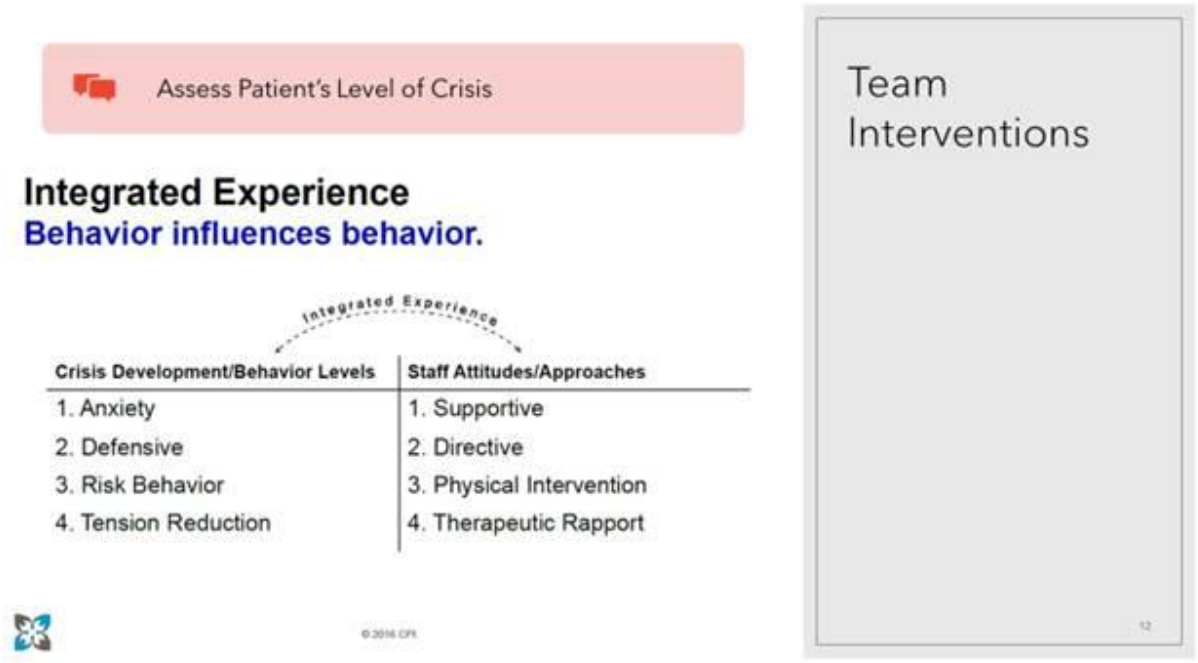
Time	Slides
2 mins	<u>Section 1: Workplace Violence</u> • Workplace violence definition • Types of workplace violence • Workplace violence data
1 min	<u>Section 2: Prevention</u> • Senate Bill 1299 • NIOSH resources
2 mins	<u>Section 3: Limit Setting</u> • Definition of De-escalation and Limit Setting • Good Limit Setting • Bad Limit Setting
	Knowledge Check Questions 1. **True** or False: Limit Setting statements must be clear, specific, positive reinforcing and something that can be enforced in order to be effective. 2. True or **False**: Limit Setting statements are often framed as ultimatums to demonstrate what behaviors are acceptable and not acceptable in the hospital.

5 mins	<u>Section 4: Using Limit Setting</u>
	• Using Limit Setting
	• CPI Model
	  o Anxiety
	  o Defensive
	  o Acting Out
	  o Tension Reduction

	Knowledge Check Questions
	1. Mr. Hernandez is a 60-year-old Hispanic male patient admitted for upper GI bleed. The GI specialist has ordered a EGD for the late afternoon and has changed the patient's diet to NPO. The patient has been notified of the treatment plans and agrees to the procedure. Around lunch, the nurse goes into Mr. Hernandez's room to find that his daughter has just delivered a cup of Starbucks coffee and Mr. Hernandez has taken a sip of the drink. What is an appropriate limit setting statement for this situation?
	  a. "If you take another sip of coffee, then I am going to throw it in the trash and call the doctor."
	  b. "If you want to complete the EGD this late afternoon, then you better stop what you are doing."
	  c. "If you want to complete the EGD this late afternoon, then we'll save the coffee for you to enjoy later. "
	  d. "If you don't want to complete the EGD this late afternoon, then keep drinking the coffee."

	2. Mrs. Johnson is a 48-year-old African American female admitted for pancreatitis. She has pain in the right upper quadrant that radiates toward her stomach. Her pain is managed with Dilaudid 1 mg q4h PRN moderate to severe pain. When the nurse administers the next dose, she instructs Mrs. Johnson to use the call light to inform the hospital staff if she needs to get up or use the restroom so she doesn't fall otherwise the nurse will have to turn on the bed alarm. Mrs. Johnson agrees stating that she does not like the bed alarm. The nurse passes the room 30 minutes after the interaction to find Mrs. Johnson coming out of the bathroom without any assistance. What is an appropriate limit setting statement for this situation? a. "When you use the call light, then I can turn off the bed alarm." **b. "When you use the call light to let us know that you need to get up, then I can turn off the bed alarm."** c. "When you don't use the call light, then you put yourself at risk for falling and hurting yourself." d. "When you use the call light to let us know that you need to get up, then I can give you your pain medication."
10 mins	

Appendix B: Crisis Prevention Institute (CPI) Model



Appendix C: Roleplay Activity

Ms. Smith & Limit Setting Roleplay

Brief Description of Client

Name: Ms. Joan Smith

Date of Birth: November 10, 1940

Gender: F **Age**: 81 **Weight**: 190 kg **Height**: 5'4"

Race: Caucasian **Religion**: None

Major Support: Robert, son **Support Phone:** 123-456-7890

Allergies: No Known Allergies **Immunizations:** Up to date

Attending Provider/Team: Dr. Gill

Past Medical History: Uncontrolled hypertension, diabetes, arthritis bilateral knees

History of Present Illness: Admitted to the hospital for slight confusion overnight and persistent productive cough

Social History: Hx of drug use in teens, smoking more than 10 years ago

Primary Medical Diagnosis: Pneumonia, possible UTI

Surgeries/Procedures & Dates: Arthritis surgery for the knees, appendectomy, cesarean section

Report Students Will Receive Before Simulation (Use SBAR format.)

Time: 0800

Person providing report: Facilitator

Situation: Ms. Joan Smith is an 81-year-old Female who presented to the ER with slight confusion overnight and a productive cough with greenish yellow sputum for the past 4 days.

Background: She has a hx of uncontrolled hypertension, diabetes, arthritis in bilateral knees

Assessment: Her Glascow coma score is 15 after bolus of fluid given and antibiotics started. PERRLA present. Productive cough present with sputum. Crackles in bilateral lower lungs. Tachycardic, cool and clammy skin. WBC is 15, Fever of 101 but trending down.

Recommendation: She has been admitted to the unit. X-RAY confirmed pneumonia, UA revealed current UTI. 1 bolus of fluids given in ER and antibiotics started. Pending input of medication list from son Robert.

Roleplay Scenarios

Scenario 1
Ms. Smith is requesting her arthritis medication and has called the nurse's hospital phone three times in the last hour. You are the nurse and need to explain to Ms. Smith that the doctor is withholding her pain medication for 24 hours because she was confused during admission. How would you set limits with Ms. Smith in this situation?

Scenario 2
Ms. Smith is becoming progressively upset about the situation and states that she does not want IV fluids or antibiotics until she receives her arthritis medication. How would you approach the situation? How would you set limits with Ms. Smith in this situation?

Scenario 3
Ms. Smith's attending physician is rounding on the unit. He assesses Ms. Smith and agrees that some pain medication can be resumed. 10 minutes have passed while you are waiting for the physician to put in the medication order when Ms. Smith call you on the phone. You explain the situation and she agrees to wait. Another 5 minutes pass and Ms. Smith calls again sounding a bit more agitated. You explain to her that you are still waiting for the orders to be put in and she calls you an incompetent idiot. How would you set limits with Ms. Smith in this situation?

Scenario 4
You walk past Ms. Smith's room when a man standing with his arms crossed waves you over. The man introduces himself as Ms. Smith's son, Robert and asks why you are withholding her pain medications. How would you approach this situation? How will you set limits with Robert?

Scenario 5
The next day you come onto shift and receive report that Ms. Smith has been found very confused and tired. Her pain medications have once again been put on hold and blood cultures have been ordered. While you are conducting your assessment in the morning, Robert visits and reacts badly to the change in her condition. He cuts you off after you try to explain the situation. He blames you and the hospital staff for his mother's status. Pointing a finger in your face and charging closer, he promises that if she doesn't get better, he's going to come after you. How would you approach this situation?

Scenario 6
On the third day of your shift, Ms. Smith is more alert but still lethargic. Robert has been banned from the hospital for threatening nursing staff. You are charting in the hallway when you see Ms. Smith trying to get up from her bed and trying to rip out her IV. When you intervene, she tells you that she doesn't want to be treated this way. She'd rather go home. How would you approach this situation?

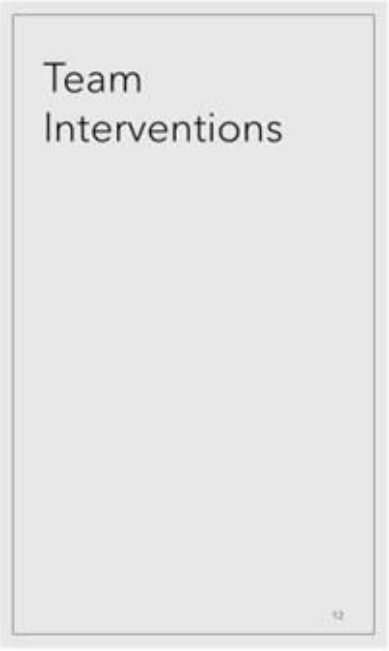
Appendix D: Limit Setting Worksheet

Limit Setting Worksheet

De-escalation is the use of verbal and nonverbal skills to move a person from an aggressive space into a calmer one.

Limit Setting is used to establish boundaries for acceptable and unacceptable behavior.

Crisis Prevention Institute (CPI) Crisis Development Model



Limit Setting Statement Templates

You can _____ when you _____

First _____, then _____

When _____, then _____

If _____, then _____ (positive)

Would you like to _____ or _____?

Do you want to _____ now or in five minutes?

You're welcome to stay with us when you _____

I'll begin as soon as you _____(are seated, take out materials, stop yelling, etc.…)

I'll be able to listen as soon as your voice is as calm as mine.

I'll be glad to discuss this when _____

Appendix E: Facilitator Guide

Facilitator Guide

Thank you so much for volunteering to be a facilitator for my project! My name is Michelle Yang, a graduate student at UC Davis Betty Irene Moore School of Nursing (BIMSON). For my Thesis Project, I have created an educational module and a roleplay activity on limit setting skills for prelicensure nursing graduate students. We will use Zoom to access the course NRS 429D Collaborative Practice. At the end of this document, I have provided you with the roleplay scenarios and a YouTube playlist on how to use Zoom. Please review the scenarios prior to the lesson. Please contact me at mmeyang@ucdavis.edu or (559) 797-0361 if you have a questions or concerns.

The lesson will occur on April 21, 2021 at 3:00 pm to 4:30 pm. Below is the Zoom information and the schedule of the lesson (Please do not share this Zoom information with anyone else).

Zoom Meeting ID: *** *** ****
Passcode: ****

Schedule of Lesson
3:00 pm - 3:05 pm **Introductions** (5 minutes)
3:05 pm - 4:05 pm **Breakout Sessions** (60 minutes)
4:05 pm - 4:30 pm **Debrief in Main Zoom** (25 minutes)

I will introduce you along with the other facilitators at the beginning of the session then go forward with instructions on the roleplay activity. Next, we will break out into Breakout Rooms and each facilitator will be assigned a group of 6 students. We will have a total of 8 groups.

Students should have access to:

1. Limit Setting with Patients and Visitors Panopto video - https://ucdhs.hosted.panopto.com/Panopto/Pages/Viewer.aspx?id=f303ad83-1cdb-476e-87b4-ad040130586d
2. Limit Setting Worksheet (attached below the limit setting scenarios)

Instructions for Facilitators

Introduce yourself once everyone is in the breakout rooms. The students are expected to have completed an education module prior to the lesson. They were also provided the role-playing scenarios and a Limit Setting worksheet on Canvas. They may reference either file during the activity.

Explain that the purpose of this activity is practice limit setting skills in a realistic scenario and to expose students to the language. It is meant to be a fun, interactive learning opportunity that is not graded. This is a safe space to practice this new skill so the students can have fun, mess up and learn from each other.

The Breakout Sessions will be a total of 60 minutes. As the facilitator, you will take on the role of the patient while the students take on the role of the healthcare professional. Each student will have a maximum of 3 minutes to complete each scenario. After each scenario is completed, you and the other students will conduct a 6 minute debrief. For example, scenario 1 role play, scenario 1 debrief, scenario 2 roleplay, scenario 2 debrief, etc.… You will continue this until your group has gone over all 6 scenarios or until time runs out. Given the attention to time, you can choose to be the timekeeper or choose a student who has already completed a scenario to keep time for the rest of the Breakout Session.

Questions to ask during the Debrief

- How did you think the roleplay went?
- What did not go as you expected?
- How did it feel interacting with patients or visitors in this situation?
- How did it feel using limit setting language?
- What did you learn during the scenario?

Please keep any eye on the clock. The activity will end at 4:05 pm and everyone will return to the Main Zoom Session. At this time, you may leave if you wish.

Evaluation for Facilitators

After the class session with the students, I'm asking all the facilitators to give some feedback on the roleplay activity through a Qualtrics survey. This survey is optional and anonymous. It will also open after the lesson on April 21st at 4:00 pm. Any feedback would be very beneficial to my project. Thank you once again for helping with my thesis project!

Qualtrics Survey
https://qfreeaccountssjc1.az1.qualtrics.com/jfe/form/SV_7NyA6srb8NmPgvs

How to Zoom YouTube Playlist:
https://www.youtube.com/playlist?list=PLKpRxBfeD1kEM_I1lId3N_Xl77fKDzSXe

Ms. Smith & Limit Setting Roleplay

Brief Description of Client

Name: Ms. Joan Smith

Date of Birth: November 10, 1940

Gender: F **Age**: 81 **Weight**: 190 kg **Height**: 5'4"

Race: Caucasian **Religion**: None

Major Support: Robert, son **Support Phone:** 123-456-7890

Allergies: No Known Allergies **Immunizations:** Up to date

Attending Provider/Team: Dr. Gill

Past Medical History: Uncontrolled hypertension, diabetes, arthritis bilateral knees

History of Present Illness: Admitted to the hospital for slight confusion overnight and persistent productive cough

Social History: Hx of drug use in teens, smoking more than 10 years ago

Primary Medical Diagnosis: Pneumonia, possible UTI

Surgeries/Procedures & Dates: Arthritis surgery for the knees, appendectomy, cesarean section

Report Students Will Receive Before Simulation (Use SBAR format.)

Time: 0800

Person providing report: Facilitator (*Read this to students before scenario starts)*

Situation: Ms. Joan Smith is an 81-year-old Female who presented to the ER with slight confusion overnight and a productive cough with greenish yellow sputum for the past 4 days.

Background: She has a hx of uncontrolled hypertension, diabetes, arthritis in bilateral knees

Assessment: Her Glascow coma score is 15 after bolus of fluid given and antibiotics started. PERRLA present. Productive cough present with sputum. Crackles in bilateral lower lungs. Tachycardic, cool and clammy skin. WBC is 15, Fever of 101 but trending down.

Recommendation: She has been admitted to the unit. X-RAY confirmed pneumonia, UA revealed current UTI. 1 bolus of fluids given in ER and antibiotics started. Pending input of medication list from son Robert.

Roleplay Scenarios

Scenario 1- Anxiety
Ms. Smith is requesting her arthritis medication and has called the nurse's hospital phone three times in the last hour. You are the nurse and need to explain to Ms. Smith that the doctor is withholding her pain medication for 24 hours because she was confused during admission. How would you set limits with Ms. Smith in this situation?

Scenario 2 - Defensive
Ms. Smith is becoming progressively upset about the situation and states that she does not want IV fluids or antibiotics until she receives her arthritis medication. How would you approach the situation? How would you set limits with Ms. Smith in this situation?

Scenario 3- Defensive/Acting Out
Ms. Smith's attending physician is rounding on the unit. He assesses Ms. Smith and agrees that some pain medication can be resumed. 10 minutes have passed while you are waiting for the physician to put in the medication order when Ms. Smith call you on the phone. You explain the situation and she agrees to wait. Another 5 minutes pass and Ms. Smith calls again sounding a bit more agitated. You explain to her that you are still waiting for the orders to be put in and she calls you an incompetent idiot. How would you set limits with Ms. Smith in this situation?

Scenario 4- Anxiety/ Defensive
You walk past Ms. Smith's room when a man standing with his arms crossed waves you over. The man introduces himself as Ms. Smith's son, Robert and asks why you are withholding her pain medications. How would you approach this situation? How will you set limits with Robert?

Scenario 5- Acting Out
The next day you come onto shift and receive report that Ms. Smith has been found very confused and tired. Her pain medications have once again been put on hold and blood cultures have been ordered. While you are conducting your assessment in the morning, Robert visits and reacts badly to the change in her condition. He cuts you off after you try to explain the situation. He blames you and the hospital staff for his mother's status. Pointing a finger in your face and charging closer, he promises that if she doesn't get better, he's going to come after you. How would you approach this situation?

Scenario 6- Tension Reduction (*Ms. Smith is petulant, tearful in this scenario***)**
On the third day of your shift, Ms. Smith is more alert but still lethargic. Robert has been banned from the hospital for threatening nursing staff. You are charting in the hallway when you see Ms. Smith trying to get up from her bed and trying to rip out her IV. When you intervene, she tells you that she doesn't want to be treated this way. She'd rather go home. How would you approach this situation?

(*Limit Setting Worksheet here*)

Appendix F: Qualtrics Survey

Qualtrics Evaluation

Thank you for participating in this survey! It will only take 3-5 minutes to complete. Your answers will be used to improve the Limit Setting Education Module.

1. Are you a student or a facilitator?
   - Student *(continues to knowledge check questions)*
   - Facilitator *(navigates to evaluation questions)*

2. Knowledge Check Questions
   The following are 3 True or False questions to test your knowledge about the module. Please answer to the best of your ability.

   - Limit Setting is a communication method to establish what behaviors are acceptable and not acceptable in the hospital environment.
     (**Answer: True)**
   - The following is an example of limit setting: "If you don't take this medication, then I won't take you on a walk later."
     (**Answer: False)**
   - It is appropriate to use limit setting in situations where patients and/or visitors use physical violence to communicate their needs.
     (**Answer: False**)

3. Evaluation Questions (*facilitators navigate to the questions below*)
   Using the scale below, please rate how much you agree with the following statements:
   5 – Strongly Agree 4 – Agree 3 – Neither 2 – Disagree 1 – Strongly Disagree

   - The module presented a comprehensive review of the workplace violence and limit setting.
   - The module used language that was clear and easy to follow.
   - The module prepared me for the roleplay activity in class.
   - The role play activity helped me apply the information from the module.
   - The role play activity enabled me to practice limit setting statements.
   - The role play activities felt realistic and applicable in real life.

4. Free Text Box
   Please provide any feedback or recommendations about the Limit Setting Module below.