Organizational Self-Assessment of Educational Programs Related to Pressure Ulcer Prevention and Management

Facility Name:

Date of Assessment:

Representative name:

Current Educational Program Offerings

1. Does your organization have a formal educational program specifically for pressure ulcer prevention and management? Yes No
   If yes,
   a. Describe the components______________________________________________________________

   b. On a yearly basis how frequently are these programs offered?

   c. Which members of your staff (by title) receive training regarding PUs?

   d. Do newly hired employees receive education regarding PUs during orientation?

   e. On a scale of 1-10 (10 being highest) how would you rate your educational plan?

   f. What is the format for conducting educational training?

      In person training: Lecturing, mentoring, demonstration and return
      Commercial representatives presenting educational programs
      On line courses
      DVDs, literature, pamphlets, posters, signage

      Other ________________________________________________________________

      Cont’d
2. If you do not have a formal educational program, what are the barriers?

   - Resistance to change
   - Budget limitations: Cannot afford to hire staff to provide this
     Cannot afford to remove staff from floor for training time
   - Lack of support from Administration
   - It seems overwhelming, where and how to begin?

Other: ________________________________

Resources

3. What resources are available at your organization to provide training to staff?
   - On-site expert, CWON
   - Consultation as needed
   - Training lab, computer

Other: ________________________________

Policies and Procedures

4. Does your facility host interdisciplinary meetings to discuss PUs?   Yes   No

5. Does your transfer/discharge form include PU information?   Yes   No

Action Plan

6. What are the unmet educational needs of your staff?

7. What is your top educational priority?

8. What steps are necessary to implement your plan?
9. What steps can be taken *this month* with current funding?

10. How can the collaborative partners help you?

11. How can you assist the collaborative partners?

Notes: