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Evaluation of the Effectiveness of a Health Education Program for Classroom Assistants

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**EVALUATION OF THE EFFECTIVENESS OF A
HEALTH EDUCATION PROGRAM
FOR CLASSROOM INSTRUCTIONAL ASSISTANTS**

**Presented to
The Faculty of the School of Nursing
San Jose State University**

**In Partial Fulfillment
of the Requirements for the Degree
Master of Science**

**by
Patricia A. Robinson
December, 1999**

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Research Problem

Classroom Instructional Assistants have been working for many years within the California school system to serve as helpers to the classroom teacher. In more recent years, with the increased identification of learning differences and increased special education services, the Instructional Assistant has been employed primarily in special education settings.

With the passage of Proposition 13, in the 1970s in California, School Nurse positions were downsized in every school district due to budget cuts. More recently the passage of the Individual's with Disabilities Educational Act (IDEA) and an increase in medically fragile children who are being mainstreamed into the regular education setting have created a need for unlicensed assistive personnel to provide for the increasing medical and behavioral needs of these children.

The purpose of this study was to develop a beginning health curriculum that can be provided as an inservice program for Instructional Assistants (IAs). The need for this program was identified after meeting with approximately ten IAs to answer their questions about various aspects of the IA role. Specific needs for instruction and training in general medical and health issues were identified. The results of an informal survey of School Nurses in a School District in Northern California supported the need for health and medical training in the identified areas.

The job qualifications for an Instructional Assistant I/II required an education equivalent to the 12th grade, the ability to

pass the district competency test, and health status sufficient to pass the district physical examination. Consequently, the persons filling these positions, and often providing medical care, may not have had background training in the care of medically fragile children unless they have had prior personal experience. In general, school districts have not had an orientation or on-going training for this specific group of employees who provide for the educational needs of children as well as the medical and behavioral needs.

This local school district developed the second job title of Instructional Assistant II to meet the increased medical and behavioral needs of these medically fragile students. They provide one-on-one care to special needs students. Aides who choose this role earn a slightly higher salary even though qualifications are the same as for an Instructional Assistant I.

The district's statistics for the school year of 1997-1998 showed a total of 84 special education IAs. Twenty of these employees were IA II's. In the school year for 1998-1999, 100 level I IA's were employed with 25 designated as IA II's. These IAs were the primary persons who provided for the educational and medical needs of the special education students; yet they received no educational training nor were they required to have previous medical training or experience.

Research Question

Does an inservice program on handwashing, medication administration, asthma, and seizures, result in the IA changing

previous behaviors and replacing them with new behaviors based on acquired knowledge?

Background Literature Review

Providing an inservice program for IAs has met several needs other than that of gaining new information. One benefit was the opportunity to network with others in similar job situations. Howard (1989) found that the opportunity to share information with others in similar situations contributed to the learner's motivation to learn and that learners were motivated when they saw that the experience had the potential to benefit them. He also found that learners were more motivated when the learning addressed their needs. By developing a program based on the expressed needs of the IAs, it is hoped that they will be more motivated to learn.

Knowles (as cited in Ackerman, 1998) found that adults learned best when the education was based on real life situations, by which the adult learner can become more involved in the learning. Ackerman (1998) stated that the adult learner learned best from a knowledge-based approach rather than a process-based approach. Tice (1997) asserted that programs which build on the learner's experiences and that recognize the richness those experiences bring to the classroom will be more successful in meeting the learner's needs than programs that try to teach something they already know.

Fielding and Piserchia (1989) postulated that the worksite was an appropriate setting for health promotion activities.

Knowles (1980) also acknowledged the worksite as an important place for meeting educational needs and improving volume and quality of services.

Scissons (1982) defined motivation as being composed of three components: (a) competence, how an individual assessed his/her own ability to perform a wide range of tasks, (b) relevance, how the individual assessed the relative importance to the job, and (c) motivation, the individual's stated desire or willingness to improve his/her abilities in given areas of job related activity. The learner must be motivated to learn and the subject must be attainable and meaningful for learning to take place.

Quastel and Boshier (1982) found that job satisfaction was increased when learning needs were met and when the learners felt competent in their skills. The employer also gained by having competent employees who were happy with their jobs.

The IAs were eager to attend an educational inservice when they realized it would be of direct benefit to them in their jobs (personal communication, January, 22, 1999). Knowles (1980) indicated that if the adult learner was interested in the subject matter, the response to learning would be enthusiastic. Jarvis (1983), reiterated the four main assumptions of Knowles of adult learning as they differ from how children learn: the adult must: (a) be self-directive, (b) use experience as a rich resource in learning, (c) be ready to learn, and (d) have a problem centered orientation to learning (pp. 98-102).

Knox (1980) stated that evaluation was an important function of any learning program for adults. This evaluation was

accomplished by the use of program objectives. As the program objectives were reviewed and modified, the program would be revised and improved to meet the needs of the learner.

District School Nurses in this study provided specific medical instruction and training to the IAs who performed Specialized Physical Health Care Procedures (SPHC's). The informal survey conducted with school district nurses Sandy Hull and Katy Waugh indicated four areas of need for further instruction (personal communication, March 10, 1999). The four priority areas were: (a) handwashing, (b) asthma, (c) seizures, and (d) medications.

Theoretical Perspective

This research project was based on the theoretical perspective of social cognitive theory by Bandura (Rosenstock, Strecher, & Becker, 1988). Bandura's theory as outlined by Rosenstock et al. (1988) stated that individuals would attempt to change their behaviors when they (a) believed that their current lifestyle posed a threat to what was personally valued, (b) believed that changing their behavior would lessen negative outcomes, and (c) felt that they were capable of making changes.

Malcolm Knowles (1978) has drawn from many different disciplines in developing adult learning theory or andragogy. Andragogical theory is based on four assumptions. The first is that as a persons matures, he/she moves from total dependency to one of self-directedness. The second is that one's experience plays a valuable role in learning. The learner can relate new information to past experience. The third is that the learner must

be ready to learn. The learning should coincide with the learners need to learn. The fourth assumption is that adults are problem centered in orientation to learning. They want to immediately apply what they have learned and they want to learn because they have experienced some inadequacy with a life problem. These theoretical frameworks help to define the adult learner and serve as a foundation for the development and implementation of the educational inservice.

Methodology

Research design

The research design consisted of a pretest and posttest. The pretest was administered prior to beginning the inservice to determine the learners' knowledge and practices. A posttest was sent to the participants 6 weeks following the inservice to determine current practices. Confidentiality was maintained by this researcher by assigning code letters to each participant using the initials of their mother's maiden name. Only this researcher had access to the key, and the code remained locked in the researcher's file cabinet. The key code for identifiers was destroyed after analysis and final report.

The instructional inservice consisted of three program impact objectives:

1. The goal was that by October, 1999, Special Education IA's would report a 50% increase in their frequency of handwashing compared to baseline before the program. The corresponding behavioral objective was that IAs would wash their hands using soap and water for 10 seconds with manual friction exerted between

the hands by scrubbing together on back, front, between fingers, and all surfaces of the hand.

2. The goal was that by October, 1999, Special Education Instructional Assistants would report a 75% increase in their knowledge of asthma and seizure symptoms. The corresponding objectives were that IAs would: (a) identify signs and symptoms of an impending asthma attack or seizure activity and (b) know the appropriate treatments for asthma and seizure activity.

3. The goal was that by October, 1999, Special Education IAs would report proper medication administration procedure 100% of the time. The corresponding objectives were that (a) IAs would repeat and provide the five steps of medication administration (i.e. the right person, the right medication, the right dose, the right time, and the right route) and (b) all IAs who administered medication would document medication administration as outlined in the Secretary Handbook (the Secretary Handbook is located at each school site and published by this local school district).

Subjects and Sampling

The participants were IAs for Special Education who were currently employed in a local school district. They were all over the age of 18 years. Their school site administrators requested that they attend this educational inservice. The participants were newly hired employees as well as long term employees. The sample size consisted of 17 IAs who provided one to one individual assistance to the students. Of the 17 participants, 16 completed the pretest and posttest. They were informed of this research

project and prior to participating were asked to sign a consent form (see Appendix A). There were no known risks for participation in this study. The names of those IAs who chose to participate and who completed both the pretest and posttest were placed in a drawing for a \$25.00 gift certificate to Macy's on return of their posttest. The certificate was offered as a reward to encourage their participation and return of the posttest. The IAs benefited from participating by building professional skills and increasing their knowledge base.

Setting

The educational inservice and pretest were presented in a large conference room located at the District Office. The inservice was held on the first day of the new school year when all school employees returned to work prior to the return of students.

Procedure

A curriculum was developed addressing the areas of handwashing, medication administration, seizure disorders, and asthma (Appendix B). Content was gleaned from a variety of sources. Information and materials came from (a) the Green Book for the State of California, Department of Education, (b) the Epilepsy Foundation of America, (c) the American Lung Association, (d) the National Institutes of Health, (e) journal articles from the American Journal of Infection Control, (f) the Secretary Handbook for the school district participating in the study, and (g) training manuals developed by the California School Nurse Organization.

After approval from the San Jose State University Institutional Review Board, an introductory letter was attached to the pretest and distributed to each person in attendance at the inservice program. The project was explained and the attendees were asked to take the pretest prior to the start of the inservice program. Sixteen of the 17 IAs in attendance chose to participate in the research project. The educational inservice lasted 2 hours.

Data Analysis

Descriptive statistics were used to analyze and report the collected data. A paired t-test for matched samples was conducted to explore differences between the pretest and posttest. The data that did not have a pretest and posttest response were removed. In most cases the t-test was not computable in that the standard error of the difference in the distribution means was zero. A correlation coefficient was also done due to the small sample size to further determine chance, nonchance responses.

Results

The two questions to be answered from the data collection were (1) Is there a statistical difference in the pretest and posttest responses? and (2) What is the probability that a difference is due to sampling error (chance) rather than a "real" variation in the data?

An initial look at the data shows that there was essentially no difference in the pretest and posttest responses for the first 5 questions. There were small variations for questions 6,7,9, 11,12,and 13. There was a difference in the preferred response to questions 8 and 10 suggesting that the response was not one of

random chance but the result of learning on the part of the inservice participants.

The correlation coefficient answered the first question of "Is there a statistical difference in the pretest and posttest responses?" The first five questions have very highly correlated results of >0.9 . The probability that chance generated the result was almost zero. Questions 6 and 7 were also highly correlated but not to the same degree as the first 5 questions. There was about a 4% probability that this variation was due to other than chance. Question 8 had a correlation coefficient of <0.4 which represented a weak correlation. This weak correlation indicated that there was roughly a 50% probability that the variation was real and not just chance and that significant learning took place. Question 10 also had a very weak correlation suggesting that the difference in the pretest and posttest responses was the result of real learning. The 2-tail significance indicated that there was a nearly 80% probability that this result was due to a real difference in the responses, thus question 10 was the most likely question to show a chance/non chance response and that a change in individual knowledge did occur.

Discussion

The majority of the findings indicated that the inservice did not provide any significant changes in behaviors or acquisition of new knowledge. A weak correlation was sought to indicate a significant change in behaviors or learning between the pretest and posttest. This weak correlation would show a change in

learning by something other than chance. A weak correlation appeared only in questions 8 and 10.

One benefit the inservice may have served was to remind IAs of standards of practice and to improve on their own personal practice. The inservice may have served to remind them of answers that they knew were correct but were not putting into practice. The response to the questions related to asthma indicate one area where the results do suggest that change did occur. These questions might be expanded in future research but also indicate a significant area for more in-depth educational inservice. The test results may have been more conclusive if they had been applied to a broader group of classroom assistants. Modifying the test questions so it would have been harder to guess the "correct" answers may have produced better objective evidence that learning did take place.

A review of the raw data indicates a possibility that for those answers where a response was not given on the pretest but was given on the posttest, that some learning did take place. A statistical analysis was not done on this possibility, but would be a consideration for future research. It also appears that the questions where the number of unanswered questions dropped significantly between the pretest and posttest pertained to present practice. New IAs, or those IAs who had not been required to use this particular skill, may have felt they could not answer the question honestly as written, and left it blank.

Limitations

There were two major limitations of this study. The first limitation was the amount of educational material that was presented in a limited amount of time. The time constraints greatly limited discussion, questions, and answers. Although the inservice included the most important concepts for each area, the time constraints prevented the participants from asking the questions that directly related to their work situation allowing them to apply their new knowledge. A second limitation was the small sample size. The findings from this small of a sample cannot be generalized.

Implications for School Nursing Practice

There are an increasing number of students entering our school districts with multiple medical and behavioral diagnoses. Cost and legal constraints on school districts have contributed to the need to hire more IAs for students with complex health issues. Although these IAs are usually well meaning and caring individuals, they arrive at the school site with a minimal amount of experience and understanding as related to the exceptional student with health concerns. This lack of preparation can be an overwhelming experience. In general, school districts have not provided the IAs with a formalized training program nor have there been community certification programs available. Instructional Assistants are placed with students of greatest need but are often not given adequate training prior to being placed with a particular student.

A basic foundation in health care procedures and standards of care for IAs is of great importance. School nurses are required to rely on the quality and comprehensive care given by the IAs. Without basic skills and competent care, students are at risk as school nurses struggle to adequately train IAs on an individual basis.

Recommendations

Several of the IAs who attended this educational inservice have worked closely with school nurses providing care for medically fragile students as well as attended various inservices offered in the past school year through this school district. A recommendation for further research would be to administer a pretest at the time of employment prior to any IA education or training and then to administer a posttest following an educational inservice. The posttest could be followed by an informal observation at a later date, using a short check list of behaviors to determine actual practice. Other recommendations would be to allow more time for the inservice program to provide opportunity for questions and discussion of the material as it relates to practice. A larger sample size would also provide more information for data analysis.

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Appendix B

HANDWASHING OUTLINE

I. Why is handwashing so important?

* Single most effective intervention in preventing the spread of certain diseases. Hands are the most common way that many infectious diseases are spread. Handwashing education has been proven to reduce absenteeism due to illness.

* Bacteria or germs are found everywhere. They can live on anything and are invisible. They are particularly fond of moist, warm, dark places and will multiply very quickly. Remember, if it is wet, warm and not yours, don't touch it!!

* Think about what you do with your hands during a school day. All the places they touch. What you do with your hands? (Review places that hands come in contact during the school day.)

* How often do you wash your hands? When you wash do you wash thoroughly with soap or just rinse? Do you wash your hands after wearing latex gloves? Latex gloves offer a barrier but it is very important to wash your hands after removing the gloves.

MEDICATIONS AND ADMINISTRATION

I. DEFINITION: Substances used to prevent, diagnose, cure, or relieve signs and symptoms of disease.

A. Sources: plant, animal, mineral, and synthetic

B. Action: local, systemic

C. Variables that affect action of medication:

- * Dose
- * Route of administration
- * Drug-diet interactions
- * Drug-drug interactions
- * Age
- * Body weight
- * Pathological conditions
- * Psychological considerations

D. Adverse effects: All medicines are capable of producing undesired responses from rare, mild, and localized, to widespread, severe and life threatening, depending on the medicine and the person receiving it.

II. Naming of drugs: all are classified and grouped according to the effect on a particular body system, therapeutic use, and chemical characteristics.

A. Generic name: related to the chemical or official name.

B. Brand or Trade name: designated and patented by the manufacturer.

C. Classification of drugs:

- * **Prescription:** medications including controlled substances that require a doctor's order.

- * **Over the Counter (OTC):** medicines that may be purchased without a prescription

D. Controlled Substances: 5 schedules of drug and drug products under the jurisdiction of the Controlled Substances Act. These drugs are always kept in a locked drawer or cabinet and the drug amount is documented when received and at the time of administration. School policy and the Education code require that any medication that is to be given at school be kept in a locked drawer or cabinet and that a log be maintained for that student with the time, date and when medications were given. Before a medication can be administered a written statement is required from the physician detailing the method, amount, and time schedules by which the medication is to be taken. Also a written statement from the parent/guardian requesting the district to assist the student in taking the medication as prescribed by the physician is required. Parent permission is an absolute and must be verified before parent/guardian leaves the school.

Five schedules of controlled substances:

- * **Schedule I:** high abuse potential and no accepted medical use i.e. heroin, marijuana, and LSD
- * **Schedule II:** High abuse potential i.e. narcotics, amphetamines, and some barbiturates i.e. Codeine , Demerol, Dexedrine and Ritalin
- * **Schedule III:** less abuse potential than II. Consists of non-narcotic drugs

* Schedule IV: Low potential for abuse, i.e. Librium, Valium, Darvon

* Schedule V: Abuse potential is low. These drugs contain limited quantities of certain narcotic and stimulant drugs i.e. Phenergan with Codeine and Lomotil.

***Education code** is also very specific re: medication administration. The parent must bring everything required i.e. a measuring spoon or cup (a dinner teaspoon is not accurate), if the pills are required to be cut in half, that is the parent's responsibility NOT YOURS. **We do not divide doses or capsules or anything that requires our making a judgment of how much.** Whenever you give a medication be sure to ask the nurse what the side effects are of that medicine if you have not already been instructed. You need to know what you are giving and what side effects may occur. Notify your school nurse if you are unsure of side effects for any medication.

III. FIVE RIGHTS OF MEDICATION ADMINISTRATION

Use overhead and handout. Review handwashing before giving medications.

IV. DOCUMENTATION is often referred to as the "sixth right"

Review medication log and handout on oral medication administration.

BE SURE TO REPORT ANY UNUSUAL REACTIONS TO THE SCHOOL NURSE OR IF ANY QUESTIONS ARISE CALL HER IMMEDIATELY. The medication log is a legal document. In court, if it is not documented, it never happened.

V. ERRORS AND OMISSIONS

* Report medication errors immediately to the school nurse, administrator, and parent. The school nurse will determine if the physician should be called.

* Complete an incident report.

* Continue to observe the student. Record and report any changes in his/her condition.

ASTHMA

DEFINITION: A chronic condition where air flow in the bronchial tubes becomes obstructed when irritated by asthma "triggers" such as colds, cigarette smoke, animal dander, and perfumes. This condition causes difficulty breathing due to swelling of the lining of the bronchi that become inflamed producing sticky thick mucous and bronchospams, which cause the muscles around the airway to tighten, making the airways even smaller.

It is important to remember that no two individuals develop asthma in the same way. Some have very mild symptoms with occasional flares and others live with it on a daily basis and require frequent hospitalizations.

I. Triggers: anything that makes an asthma attack worse:

exercise, upper respiratory infections, pollution,
cigarette smoke, perfume, smoke from a wood burning
stove, cold air, dogs/cats, mites, grass, mold and pollen,
medicines, chemicals.

In order to control asthma, you must avoid the triggers!!

II. ASTHMA MEDICINES

A. There are 2 main types of asthma medicines

a. Preventors OR ANTI-INFLAMMATORIES that keep an asthma attack from happening. These medications should be taken daily as a preventative measure. These medications are inhaled steroids that help to reduce existing inflammation and block the asthma reaction before it has a chance to start. (Inhaled steroids,

cromolyn, aerobid, and nedocromil). Inhaled steroids are not usually helpful in treating a severe asthma attack.

b. **Reliever-OR BRONCHODILATORS** used to treat an attack or prevent one as in exercise-induced asthma. These medicines are used to relax the muscles around the airways (Albuterol primarily) and open the windpipes. Inhaled medicine should bring relief in a few minutes.

Depending on the severity of the asthma, an individual plan is developed by the doctor to treat the asthma attacks. Some children may only require the use of a bronchodilator 30 minutes prior to exercise while other children may require an antiinflammatory daily along with a bronchodilator. Each child will have a different plan. Be sure to check with the school nurse if you have concerns about a student or if you don't feel that the medication is working. All asthma is treatable!!

III PEAK FLOW METERS

Used to give an estimate of air capacity in the lungs. Measured at home to determine PERSONAL BEST. A plan is developed by the doctor regarding which medicines to take when the peak flow is at different levels. These levels are the GREEN - full activity, YELLOW - caution, avoid triggers, use medicine, and RED - danger, start the emergency plan, see your doctor or go to the Emergency Room.

A student may have a peak flow meter at school. You need to be aware of it and if there is an emergency plan that the School Nurse has developed.

HOW TO USE:

*Make sure that nothing is in the mouth and move the pointer to zero.

*Have student stand and hold meter horizontally,

*Slowly breathe in air through the mouth,

*Put mouthpiece to mouth and exhale as fast as possible- a short, sharp blast

*Move the pointer to zero and wait at least 10 seconds

*Blow 2 more times, record and select the best score.

IV AEROCHAMBER: used to deliver inhalant medicine to the lungs more effectively.

Used primarily with children. There are several different kinds, each works a bit differently. Instructions for the most common kind are included in your packet.

Make sure you see a puff or cloud of medicine in the chamber.

Make sure you do not hear a whistle or other noise on inhaling. If you hear a whistle then the child's not doing it properly.

*Make sure he/she slowly inhales and holds breath for 5-10 seconds. Often kids are in a hurry.

V. WHAT TO LOOK FOR:

SEE "MANAGEMENT OF AN ACUTE ASTHMA EPISODE IN THE SCHOOL"

BASIC BREATHING (Use straws for breathing to simulate asthma)

Take a deep breath. The air you just inhaled traveled through your nose, entered the trachea and through a network of small and large tubes in the lungs called bronchial tubes. Now, let the air out.

This process seems pretty simple and easy. Now try this using the straw. Breathe through the straw for about a minute (provided you have no medical condition that would cause a problem with limited O2 intake); breathing through the straw is similar to what it would feel like during a asthma attack, but an asthma attack is worse due to tightening in the chest and being unable to catch your breath.

SEIZURES

Show video: "Seizure Disorders and the School" Part I, Elementary

I. Facts about Epilepsy

- One in every 100 persons has epilepsy/ 50% develop epilepsy before they are 25 years old
 - In most cases the cause is unknown. Of the cases where there is a known cause it is due to:
 - head trauma, brain tumor and stroke, poisoning,
 - alcoholism, serious infection, pre-natal infection,
 - heredity.
 - Epilepsy is not a disease but a symptom of the brain working abnormally. A seizure occurs when there are temporary changes in the brain's electrical system that produce a sudden overload to that system.
 - It is not a disability, only societies' perception of it makes it one. Most people are normal and healthy with only a brief and infrequent seizure.
 - Epilepsy can affect anyone, at any age, at any time
- Medication can be effective in controlling seizures fully or partially, at least 85% of the time.

II Types of seizures

- Absence seizures - brief lapses of consciousness that look like daydreaming but begin and end abruptly

- Simple Partial seizures - Student remains conscious but may have a mood change, or change in movement and sensation,
- Complex Partial seizure - movements may look purposeful but are not, child is unable to respond, and is unaware of what he/she is doing

Grand Mal or Generalized Tonic - Clonic: affects the whole brain and body. Loss of consciousness, jerky movements, often loss of bowel and bladder control, lasts one to two minutes. Breathing pattern changes and skin becomes pale or bluish.

III FIRST AID

Refer to hand out/ overhead

- Stay calm
- Protect the child without restraining him/her
- Turn on side
- Check that there is nothing in the mouth
- If it is a known seizure disorder, keep calm and call parents.
- Call 911 if:
 1. First seizure and no known disorder or history
 2. Seizure lasts longer than 5 minutes
 3. A second seizure occurs within 10 minutes after the first
- If it is a known seizure disorder, follow the protocol as specified by the physician and parent.
- Record the date, time, duration and what body parts were involved during the seizure.

After the seizure the child will need reassurance and support.
Help re-orient child to the environment. Stay with the child until
he/she is fully recovered.

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EVALUATION OF THE EFFECTIVENESS OF A HEALTH EDUCATION PROGRAM FOR CLASSROOM ASSISTANTS

Abstract

Purpose: The purpose of this study was to develop a beginning health curriculum that could be provided as an inservice program for classroom Instructional Assistants (IAs). The need for this program was identified after meeting with several of the IAs and district school nurses to answer questions the IAs had about various aspects of their role in providing medical care to students with special needs within the classroom. An inservice was developed addressing the areas of handwashing, medication administration, asthma, and seizures.

Question: The research question to be answered was: Does an inservice program on handwashing, medication administration, asthma, and seizures result in the Instructional Assistant changing previous behaviors and replacing them with new knowledge?

Methodology: The research design consisted of a pretest and posttest. The pretest was administered prior to beginning the inservice. The posttest was administered 6 weeks following the inservice. Confidentiality was maintained by the participant by using the initials of their mother's maiden name as a code to match pretest and posttest.

Sample: The participants for this evaluative study were 17 Instructional Assistants for Special Education who provide 1:1 assistance to students with special needs, some of whom require Specialized Physical Health Care Procedures (SPHC'S). They were all over the age of 18 years. The IAs were requested by their school site administrator to attend this educational inservice. The IAs were newly hired employees as well as long term employees. Of the 17 participants, 16 completed the pretest and posttest. There were no known risks for participation in this study. The IAs benefited from participating by building professional skills and increasing their knowledge base.

Data Collection & Analysis: A pretest and posttest was used to collect data from participants. The pretest/posttest was designed for self reporting of new behaviors and

knowledge gained. Only group data were collected using paired response for the pretest and posttest. Individual pretest/posttest changes were not scored and were beyond the scope of this study. Descriptive statistics were used. The results of the pretest and posttest were statistically analyzed for effectiveness of the inservice program by using the paired *t*-test and correlation coefficient to determine any increase in knowledge or changes in previous health care behaviors. A weak correlation was significant in that it would show a change in learning by something other than chance.

Results: There was essentially no difference in the pretest and posttest responses for the first 5 questions. There were small variations for several of the questions. The greatest difference was in the questions pertaining to asthma, suggesting that learning took place.

Discussion: The majority of the findings suggest that the inservice did not provide any significant changes in behaviors or acquisition of new knowledge. The inservice may have served the IAs as a reminder of standards of practice and to improve their own personal practice. The inservice may have reminded them of answers that they knew were correct but were not putting into practice.

Application to School Nursing: In general, school districts have not provided the IAs with a formalized training program nor have there been community certification programs available. Instructional Assistants are placed with students of greatest need but are often not given adequate training prior to being placed with a particular student. School nurses are required to rely on the quality and comprehensive care given by IAs. Without basic skills and competent care, students are at risk as school nurses struggle to adequately train IAs on an individual basis.

THE JOURNAL OF SCHOOL NURSING

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EVALUATION OF THE EFFECTIVENESS OF A HEALTH EDUCATION PROGRAM FOR CLASSROOM ASSISTANTS

by Patricia A. Robinson

Classroom Instructional Assistants are being used more frequently to provide care for medically fragile children who are mainstreamed into the regular education setting. The purpose of this evaluative study was to develop a beginning health curriculum that could be provided as an inservice program for classroom Instructional Assistants. Content for the inservice consisted of handwashing, medication administration, asthma, and seizures. This study used a pretest and posttest design to look at the effectiveness of the educational inservice. There were 17 participants, 16 of whom completed the pretest and posttest. A pretest was administered prior to the inservice followed by a posttest 6 weeks later. The majority of the posttest findings indicate that the participants did not demonstrate any significant changes in knowledge after the inservice except in the area of asthma content. The lack of findings may be attributed to a previous inservice the year before. In general, school districts have not provided the Instructional Assistants with a formalized training program nor have there been community certification programs available. A basic foundation in health care procedures and standards of care for Instructional Assistants is of great importance. School nurses are required to rely on the quality and comprehensive care given by the Instructional Assistants. Without basic skills and competent care, children are at risk.