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Research Article

"A STUDY TO ASSESS THE EFFECTIVENESS OF VIDEO ASSISTED TEACHING PROGRAMME ON KNOWLEDGE REGARDING CODEBLUE EVENT AMONG B.Sc. NURSING 2nd SEMESTER STUDENTS IN SELECTED NURSING COLLEGE OF KANPUR, UTTAR PRADESH"

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ABSTRACT

Code blue First implemented in the United States, it specifically denoted a patient experiencing cardiac or respiratory arrest, requiring immediate resuscitation efforts such as CPR and advanced life support. The color blue was chosen for its neutrality and lack of association with other emergencies. Over the 1980s and 1990s, "Code Blue" became widely adopted and standardized in hospitals worldwide, leading to the formation of specialized Code Blue teams, dedicated equipment, and regular training to ensure rapid, coordinated emergency response. The objectives of the study to assess the level of knowledge regarding code blue event among B.Sc. Nursing 2nd semester students. Quasi experimental one group pre-test post-test design was used to conduct the study among 60 B.Sc. nursing 2nd semester students, who were selected by using non probability convenience sampling technique. The data was collected by using self-structure knowledge questionnaire method to assess their knowledge regarding code blue event among B.Sc. Nursing 2nd semester students. The study was conducted in Krishna group of institutions and Maharana Pratap Group of Institutions in Kanpur Uttar Pradesh. The result of the study showed that the mean and standard deviation of pre-test and post-test level of knowledge among B.Sc. Nursing 2nd semester students is 9.34 ± 4.10 and 22.75 ±4.26. The obtained 't' value is 20.2 with 59 degree of freedom was higher than the table value 2.0 with p value. This shows that there was significant difference between pre-test and post-test knowledge regarding code blue event. The study was concluded that there was an effectiveness of Video Assisted Teaching Programme on Knowledge regarding code blue event among B.Sc. Nursing 2nd semester students. Chi square was computed there was no significant association between post test level of knowledge with their socio demographic variable such as Age (6.16), Gender (0.04), Religion (0.93), Exposure to workshop (0.49), previous knowledge regarding code blue (0.49), exposure to code blue event (0.01). Keywords: Assess Effectiveness, Video Assisted Teaching Programme, Knowledge, Code Blue event.

INTRODUCTION The term "code blue event" is refers to a medical emergency situation, usually indicating that a patient is experiencing cardiac or respiratory arrest, prompting a rapid response team to

deliver urgent medical care immediately.[1] A Code Blue team is an emergency response unit trained to provide immediate, lifesaving interventions. The team typically consists of five key members like physician, primary nurse, airway manager, trained staff members and pharmacist and each have with specific roles and responsibilities to ensure an organized and effective resuscitation effort, physician as a team leader oversees the entire resuscitation process, making critical decisions under high-pressure conditions. They coordinate the team's efforts to ensure a systematic and effective response.[2] The primary nurse is typically the healthcare provider responsible for the patient before the Code Blue event. They provide crucial patient history and assist in executing medical interventions. The airway manager is responsible for securing and maintaining the patients airway, ensuring adequate oxygenation and ventilation trained staff members are responsible providing high-quality cardiopulmonary resuscitation to maintain blood circulation and oxygen delivery to vital organs and pharmacist is responsible for managing intravenous access and administering emergency medication. [3]

NEED FOR THE STUDY Medical emergencies frequently occur in hospital environments, and "emergency codes" have been implemented in modern healthcare facilities to communicate urgent situations to specialized staff without causing panic among patients and visitors. There are various international guidelines aimed at standardizing these codes. One widely recognized code is "Code Blue which alerts the hospital's emergency response team to a cardio respiratory arrest. The term Code Blue is originated in the early 1990s at Bethany Medical Center in Kansas. The purpose of a Code Blue is to ensure that qualified resuscitation teams can reach the patient as quickly as possible while maintaining the regular operations of the hospital. Survival rates for cardiopulmonary arrest victims improve significantly with timely interventions such as cardiopulmonary resuscitation defibrillation, and advanced medical care. The estimated rate of in-hospital cardiopulmonary arrests ranges from 1 to 5 incidents per 1,000 annual admissions, but the survival rate upon hospital discharge is only about 0.42%. This indicates that various factors influence the success of resuscitation efforts, which are related to both the patient and the circumstances of the event. It is important for hospitals to regularly analyze and audit the effectiveness of their Code Blue systems and assess the associated cost benefits to

optimize their operation. Formal quality assurance programs are necessary to evaluate the Code blue system effectiveness consistently. This current study aimed to critically assess the protocols and procedures related to the Code blue system and identify variables linked to patient survival at our tertiary care facility. The primary goal of this study was to evaluate the outcomes of Code Blue activation and Cardio pulmonary resuscitation for cardiac arrest and other emergencies concerning patient survival. The secondary objectives were to identify patient-specific and system-related factors associated with positive outcomes and to highlight practical challenges in establishing and maintaining an effective Code blue system. [4]

Problem Statement "A study to assess the effectiveness of video assisted teaching programme on knowledge regarding code-blue event among B.Sc. Nursing 2nd Semester students in Selected Nursing Colleges of Kanpur, Uttar Pradesh"[5].

OBJECTIVES OF THE STUDY-

"Research objectives are specific accomplishment the researcher hopes to achieve by conducting study."[6]

1. To assess the level of knowledge regarding code-blue event among B.Sc. Nursing 2nd semester students.
2. To evaluate the effectiveness of video assisted teaching Program on knowledge regarding code blue event.
3. To find out the association between Post-test knowledge score regarding code blue event with their selected socio-demographic variables.

HYPOTHESIS

POSITIVE HYPOTHESIS- •**H1**: There is a significant difference between the pre-test and post-test level of knowledge regarding code blue event among B.Sc. Nursing 2nd Semester students.

•H2: There is a significant association between the post-test level of knowledge regarding code blue event among B.Sc. Nursing 2nd semester students with their selected demographic variables.

NULL HYPOTHESIS- •**$H0_1$:** There is no significant difference between the pre-test and post-test level of knowledge regarding code blue event in among B.Sc. nursing 2nd semester students.

•$H0_2$: There is no significant association between the post-test level of knowledge regarding code blue event among B.Sc. nursing 2nd semester students with their selected demographic variables.

VARIABLES**:**

DEPENDENT VARIABLE: In the present study, dependent variable is knowledge regarding code blue event among B.SC nursing 2nd semester students.

INDEPENDENT VARIABLE: In the present study, independent variable is video assisted teaching program on knowledge regarding code blue event among B.Sc. nursing 2nd semester students.

DEMOGRAPHIC VARIABLES: On this study, the demographic variables are Age, Gender, exposure to workshop previous knowledge regarding code blue event.

METHODOLOGY -MATERIALS AND METHODS SOURCE OF DATA : The data was collected in Krishna Group of Institutions and Maharana Pratap Group of Institutions

INCLUSION CRITERIA-:

The study includes the B.SC Nursing students –

- Who are studying in 2nd semester.
- Who are available at the time of data collection.

EXCLUSION CRITERIA-:

The study excluded B.Sc. nursing students -

- Who was sicked during the data collection.
- Who was not willing to participate in the study.

RESEARCH APPROACH: The research approach for the present study is quantitative evaluative research approach.

RESEARCH DESIGN-: A Quasi Experimental One Group Pre-Test Post-Test Research Design is used for present study.

POPULATION : In the present study the population comprises of all B.Sc. Nursing 2nd semester students in Kanpur U.P.

TARGET POPULATION : In this present study target population was comprised of B.Sc. nursing 2nd semester students in Selected Nursing Colleges in Kanpur U.P.

ACCESSIBLE POPULATION :In the present study accessible population is 60 B.Sc. nursing 2nd semester students who are studying in Maharana pratap group of institution and Krishna group of Institutes Kanpur, U.P.

SAMPLE : Sample for the present study was 60 B.Sc. nursing 2nd semester students who are met inclusion criteria.

SAMPLE SIZE : The sample size of the present study is 60 B.Sc. Nursing 2nd Semester Students.

SAMPLING TECHNIQUE: The sampling technique selected for the study is Non-Probability Convenience sampling technique.

SAMPLE CRITERIA FOR SELECTION OF SAMPLE-:

INCLUSION CRITERIA-:

The study includes the B.SC Nursing students –

- Who are studying in 2nd semester.
- Who are available at the time of data collection.

EXCLUSION CRITERIA-: The study excluded B.Sc. nursing students -

- Who was sicked during the data collection.
- Who was not willing to participate in the study.

METHODS OF DATA COLLECTION

DESCRIPTION OF TOOL-:

Research tools are the device used to collect data and information. The following tool was used for collecting data in this study.

1. Demographic Variables

2. Self structured knowledge questionnaire

RESULTS AND FINDINGS

The major findings of the present study were :

SECTION-A

Distribution of B.Sc. Nursing 2nd semester students according to their demographic variables

1. The majority 30(50%) students belongs to the age group ≤20Years the age group of 21-22 years, 27 (45%) the age group 23-24years, 2(3.33%) and ≥25 Years, 1 (1.67%).

2. The majority of students were females 41(68%) and 19 (32%) were males.

3. The majority of students were Hindu 53(88%), Muslim students were 7(12%), and Christians are 0% and others are also 0%.

4. the majority of students 50(83%) were not exposure and 10(17%) are exposure to workshop

5. The majority 50(83%) students don't have previous knowledge regarding code blue where 10(17%) students have previous knowledge.

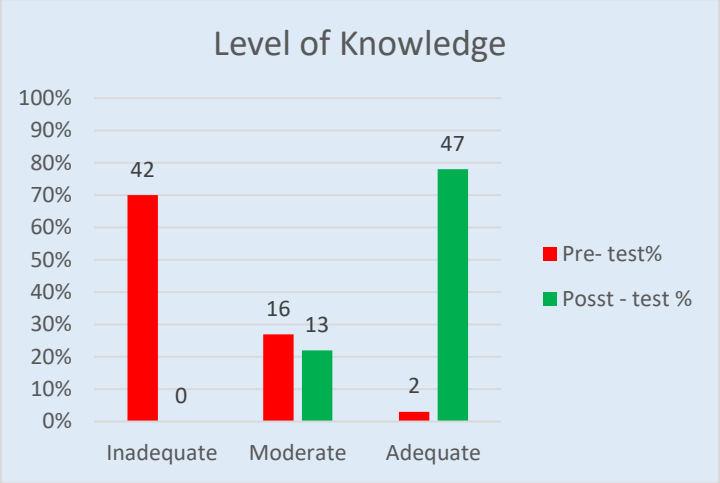
6. The majority of students source of information were Social media 4(40%), workshop 3(30%), Internet 3(30%) and Books 0(0%) the source of information.

7. The majority of students 50(83%) has not exposure to Code Blue other 10 (17%) are exposure to Code Blue.

SECTION-B

Frequency and Percentage distribution of sample according to pre-test and post-test level of knowledge

S.No.		Knowledge on Code Blue Event				Level of Knowledge	
		Inadequate (1-33%)		Moderate (34-66%)		Adequate (67-100%)	
		f	%	f	%	F	%
1	Pre-test	42	70%	16	27%	2	3%
2	Post-test		0%	13	22%	47	78%



Bar diagram showing frequency and percentage wise distribution of B.Sc. Nursing 2nd Semester Students according to pre-test and post-test level of knowledge.

SECTION-C

Comparison of Pre-test and Post-test level of knowledge regarding Code Blue among B.Sc. Nursing 2nd Semester Students. The post-test mean value of knowledge of (22.75±4.12) regarding Code Blue was higher than the knowledge of pre-test value (9.34±4.10). The obtained "t" value

was 20.2 which is greater than the table "t" value i.e. Its 2.00 shows that there was significance difference between pre-test and post-test knowledge regarding Code Blue. Hence, H1 that is significant difference between pre-test and post-test level of knowledge has been accepted and $H0_1$ has been rejected. The above table reveals that in order to find out the association between post test level of knowledge with selected demographic variables, the chi square was computed. There was no significant association between post test level of knowledge with demographic variable such as Age (6.16), Gender (0.04), religion (0.93), Exposure to workshop (0.49), Previous knowledge regarding code blue (0.49), Source of information (0.54), exposure of code blue event (0.01) at $p>0.05$ level of significant. Hence $H0_2$ that there is no significant association between post test level of knowledge regarding code blue event among B.sc 2nd semester students with their selected demographic variables has been accepted and H2 has been rejected.

CONCLUSION The present study was aimed to evaluate the effectiveness of video assisted teaching program on knowledge regarding code blue event among B.Sc. Nursing 2nd semester students in selected Nursing colleges Kanpur U.P. The design selected for this particular study was Quasi Experimental one group pre-test and post-test research design with evaluative approach and non-probability convenience sampling technique.

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