

## Population Implementation Plan

**Topic:** Adolescent high risk behaviors with a focus on STD/STI awareness, prevention, and local resources

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**Presentation date and times:** October 25, 2012 from 9:00-10:30 AM

**Number of participants and length of session:** In total, there were 14 students in attendance at our group's implementation. In addition, there were 4 staff members present. The session lasted from 9:00-10:30 AM, making it a total of one hour and thirty minutes.

**Assessment of population:**

STAR Alternative School is a school for "at-risk" students, ages 12-21. The majority of students have difficult home lives or disciplinary issues at their home school. Consequently, they were sent to STAR to get on the right track and graduate on time with a high school diploma. The school's hours are 8:00 AM-2:00 PM Monday through Friday. The students are checked in the morning when coming into school for any weapons, drugs, etc. they may have on them (cigarettes are also banned from STAR). The school was not a typical sized high school or even middle school. It was an older

building with 2-3 different sections and each classroom held anywhere from 10-20 students.

STAR gives their students a lot of self-paced school work instead of traditional lecture classes. The school offers Math, Language Arts, Science, History, and Health classes. There are also hands-on science experiments done in Schoenbrunn Village, a historical site in New Philadelphia, Ohio. Certified teachers make up the staff at STAR, and some teachers instruct more than one course. Computers are provided for the students, but the school's focus is on hands-on work and social interaction among the staff as well as other students. Currently, there are 18 students total in the school and the majority are boys. Jim Wright, the director of STAR, is trying to get more students in his school, but multiple school boards keep turning him down because money seems to be the primary issue. He stated, "I can fit up to 100 kids at STAR, I really want to make that happen." Also, after meeting with Jim for the observation experience, he expressed his excitement for our implementation and felt the topic was of great importance for his students. He stated, "It would be great for your group to include high risk behaviors in your presentation because it applies to the student population."

Community Service is provided through the school for the students, both voluntarily and involuntarily. There is a conference room in one building for projects and crafts; students can earn bonus points for crafts while the points earned can be used at the school store. The school store is where students can purchase their parents and families Christmas gifts, etc. Jim Wright provides the students with breakfast every day out of his own personal money, usually cereal, milk and apples, that way he knows that they are getting a meal before the start of the school day. He states "I can't always

guarantee these kids are getting food in their homes.” A Thanksgiving meal is also provided for the students each year, which is a tradition at STAR that the students always look forward to.

The students at STAR alternative school are considered to be adolescents. This is the developmental age that lies between childhood and adulthood. It is generally considered to occur a few years before becoming a teenager and lasting until the age of twenty. In this transitional stage, adolescents undergo many physical and psychological changes. For example, this is the age group where puberty begins and body image issues occur due to hormonal as well as overall body weight changes. Psychologically, adolescents are developing at a rapid rate as well. According to the developmentalist, Piaget, at the beginning of adolescence, people cognitively transition to the formal operations stage. This means, that adolescents are able to critically and abstractly think. With this newly developed ability, adolescents begin to see the grey areas of life and can weigh the pros and cons of certain lifestyle choices such as alcohol use, substance abuse, and sexual promiscuity. In addition, this age group is very egocentric and worried about the approval and opinions of their peers. “Even when adolescents are exposed to substantial sex education, the use of safer sex practices is far from universal. Teens are prone to feel invulnerable and are therefore more likely to engage in risky behavior, believing their chances of contracting STIs are minimal” (Feldman, 2011, p. 376). According to Erikson’s theory of development, adolescents are undergoing the identity versus identity confusion stage. In this stage, adolescents seek to find what is unique and different about themselves. More specifically, teenagers are seeking to find where they fit

in and what they are good at in order to develop their self-esteem and feel comfortable with themselves as well as their choices (Feldman, 2011).

### **Behavioral outcomes:**

Our group's behavioral outcomes include:

75% of the audience will be able to describe two high risk behaviors that are associated with their age group by the end of the presentation

100% of the audience will be able to list at least one sign or symptom of an STD/STI that was covered in the informational material by the end of the presentation

100% of the audience will give at least one example of a way to prevent contracting an STD or STI before the end of the presentation

75% of the audience will be able to recall at least one resource of STD/STI testing within the community by the end of the presentation

### **Content:**

#### 1. Introduction

- a. Greet students at door
  - i. Give them name sticker
  - ii. Direct them to Laura for snack
  - iii. Student will get seated
- b. Student Nurses Introduce Ourselves
  - i. Give name, what city we're from and why we chose nursing
  - ii. Students eat snack while we introduce ourselves

#### 2. Ice Breaker

- a. The Human Knot
  - i. Involves entire audience, student nurses will assist student audience with activity
  - ii. Students will be seated after Ice breaker

#### 3. Power point presentation

- a. Ask audience questions before beginning power point to see what they already know
  - i. Hand out print offs of power point while asking questions (in case PP doesn't work)
- b. Start Power Point Presentation
  - i. Each student nurse is responsible for reading/explaining at least two slides in plain language so that is can be understood at an eighth grade reading level. Erikson's stage of identity vs. identity

role confusion principles were considered when presenting the information. For example, adolescents are egocentric individuals seeking approval from peers, while currently discovering themselves, which makes them vulnerable to peer pressure and engaging in high risk behaviors.

- c. Discussion Questions
    - i. Break for discussion questions half way through the power point
    - ii. Assign 4 audience students to 2 presenters. Sit in circles and ask discussion questions (to engage in content related discussion)
    - iii. Pass out candy for those who participate in questions
    - iv. Break from group and go back to seats
  - d. Finish power point where we left off
    - i. Open to the audience for any questions they may have at the end of the power point.
4. Review Game
- a. Show poster boards of questions and have students guess which high risk STD it is
  - b. Have these questions meet our objectives.
5. Pamphlet
- a. Hand out pamphlet to students
  - b. Talk about the Pamphlet
  - c. Talk about resources their city and state has to offer
6. Evaluation
- a. Pass out evaluation tool to students and contact person
  - b. Allow 5-10 minutes to be completed
  - c. Gather the evaluations before leaving.

**Methods and Materials:**

Methods of education include an ice breaker, power point presentation, discussion questions, review game, and pamphlet. Materials utilized will be name tags, snacks/candy, print offs of power point, poster boards for review game, printed pamphlets, printed evaluations, and writing utensils.

**Evaluation:**

After implementing our teaching plan to the STAR Alternative School in New Philadelphia our group decided there were some things that went well and things that we

would've changed. Overall, the implementation went smoothly and as a group, we felt we made an impact on a lot of the kids in the audience. The audience members were well-behaved and very responsive to our questions; they voluntarily participated and had a lot of knowledge on the chosen subject than we anticipated. Each of us was also very satisfied with the small discussion groups and how openly the kids spoke with us. We felt we made an impact; however, we would have liked a larger and more diverse population that included more females.

Other things that went well were splitting up the discussion groups, rewarding the students for participating, the ice breaker, and the preparation. We made sure the small groups were broken up by gender. This was done to decrease the student's anxiety about sharing private information. The female group especially opened up to us and talked about the content we were going over and some of their own experiences with safe sex or others they know living with STDs. Rewarding the students with candy and treats encouraged participation as the students were very receptive to this approach. The ice breaker used was 'The Human Knot' and was successful at relieving tension in the room before beginning the informational portion of the presentation. As a group we came prepared with all of our print outs, name tags, food, candy, information and practiced the slides beforehand so we knew our individual responsibilities. We also felt we did well at not reciting the power point slides verbatim and using plain language to make sure the students understood what we were talking about.

Although the overall teaching plan went well there were some things we would've changed. There were fourteen students who participated on the day we taught. There are more students enrolled in the STAR program who did not have the opportunity to

participate due to mandatory completion of the Ohio Graduation Test (OGT). If our group, along with the school had more flexible schedules we would've chosen a date that allowed all of the students at STAR to participate. Another thing we initially wanted to do was present our material using an overhead projector. The school did not offer a room with an overhead projector that was large enough to accommodate the students as well as the presenters at the school. Therefore, we had to improvise and print out the power point slides for the students.

Most importantly, we would've changed our objectives. One of the four objectives was met and may have been due to unrealistic goals for the age group. For the first objective we asked that 75% of the audience would be able to describe two high risk behaviors for their age group. Only six out of fourteen students met the objective which is 43%. The second objective asked that 100% of the students be able to provide just one sign or symptom of an STD; eleven out of fourteen students met the objective which was only 79% of the audience. Our third objective was to have 100% of the students give an example of how not to contract STD or STI. Thirteen of the students met this objective, which was 93%; however, the objective was not met because we asked that all of the students be able to provide one example. Our fourth objective was the only one met and it asked that 75% of the audience would be able to recall one resource in their community where STD/STI testing was available. Eleven out of fourteen (78%) students met this objective therefore allowing our 75% requirement to be fulfilled. As a group we should've considered that some of the audience members may not participate at all. We also should've considered that the teaching plan was lengthy and that the students would lose interest resulting in incomplete evaluation forms. We believe the content of the

objectives was realistic; however, the percentage of students we required to meet the objectives may have been too high.

The overall consensus among the audience members' evaluations confirmed a positive experience and they liked the kindness we showed towards them. The teachers filled out a separate evaluation form and praised us as a group for being able to maintain the students' attention. They also felt that this content was relevant and could be used for future education. We did not receive any negative feedback from the teachers. However, they suggested using a power point presentation to present the content and to cover high risk behaviors with a focus on drug abuse. The teachers suggested this because they believed it would be more pertinent to the majority of the audience members.

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