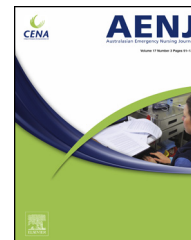




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RESEARCH PAPER

Nurses' perceived benefits of trauma nursing rounds (TNR) on clinical practice in an Australian emergency department: A mixed methods study



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KEYWORDS

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Summary

Background: Trauma nursing rounds (TNR) are a unique type of bedside teaching round that facilitate discussion of individual trauma patient's condition and care, and provide a novel and innovative approach to nursing education in an informal setting. This study introduced TNR to the emergency department in an Australian metropolitan hospital.

Methods: Registered nurses, assistants-in-nursing, and nursing students participated in seven TNR over a 12-week period. The primary care nurse presented the trauma case utilising a modified handover tool. This was followed by discussion of the patient's condition and management among all those present including the patient. A participant questionnaire provided feedback from the nurses about TNR perceived benefits. A representative sample of participants was subsequently interviewed.

Results: Fifty-three participants attended the rounds, 47 responded to the questionnaire, and nine were interviewed. Participants were universally positive about the TNR structure and its

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potential impact on clinical practice. Interviewees indicated that TNR have the potential to enhance collegiality, and allow the patients and their families to be involved and informed in their care.

Conclusions: The introduction of TNR was successful. TNR provide the potential to improve assessment and care of trauma patients, promote collaborative learning, and promote patients' understanding and involvement in their care.

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What is known

- Bedside teaching is a vital part of nursing education.
- The literature emphasises the importance of bedside teaching in providing a connection between theory and practice, and also its role in enhancing the knowledge of nurses.
- Results from a previous bedside teaching rounds study in the emergency department (ED) in the UK indicated a positive impact on clinical knowledge, and retention of information amongst nurses.
- Evidence of the potential impact of bedside teaching rounds in an Australian ED is lacking.
- Trauma nursing rounds (TNR) are unique type of bedside teaching rounds that facilitate the discussion of individual trauma patient's condition and care.

What this paper adds?

- TNR provide a novel and innovative approach to trauma nursing education in an informal setting.
- Facilitated and structured TNR are feasible in the emergency department.
- The use of clinical handover tool provided systematic organisation of TNR content.
- TNR facilitators or champions are vital to the success of TNR.
- TNR have the potential to improve clinical practice and enhance clinical knowledge.
- TNR potentially provide the opportunity for patients and their significant others to be informed and be involved in their care.

Introduction

Our hospital's emergency department (ED) is a designated major trauma facility, therefore nursing proficiency in trauma assessment and patient care is essential. For this reason, nurses must be mentored through professional development opportunities¹ that will enable them to provide specialised care for this cohort of potentially unstable patients. However, the unpredictable clinical acuity, fluctuating workload, and the constant demand for high levels of nursing care in the ED, can be challenging for nurses to access or participate in professional development activities and patient care improvement sessions.² One of the methods

that has the potential to overcome the challenging situation is trauma nursing rounds (TNR). TNR were introduced in our ED to increase the availability of professional development opportunity in the clinical area,³ and also provide a trauma-focused learning.

The concept of the TNR was based on bedside teaching rounds, which were designed to enhance nurses' clinical knowledge base and assessment skills, enhance critical thinking, promote collaborative learning through critical questioning and discussion about patient care, increase uptake of evidence-based practice, and increase patient and staff satisfaction.⁴ Bedside teaching is a vital component of health care education, because there is a requirement for theory and practice to integrate to demonstrate learning benefits,^{5,6} and achieve better patient outcomes.⁷ The advantage of nursing education delivered with experiential component is that it maximises knowledge acquisition, critical thinking, and problem-solving skills.^{6,8}

Bedside teaching rounds have been conducted in aged care,⁸ ED (UK),³ and intensive care unit (ICU) (Australia).⁹ In aged care, bedside teaching rounds were implemented amongst undergraduate nursing students to improve students' attitudes towards the care of older adults. The rounds were highly valued by students as they deemed it the "most effective" learning strategy. Similarly, the clinical preceptors reported that the rounds promoted aged care nursing as a stimulating and evidence-based field of nursing.⁸

In an ED in the UK, the rounds were introduced in response to the observed learning needs amongst nurses. The rounds were focused on fundamental patient needs such as safety, privacy and dignity, and nurses' identified learning needs particularly, documentation compliance, patient monitoring, and so forth. The value of the rounds was evaluated against the process of organisation and facilitation, and perceived benefits. Over 90% of the participants viewed the implementation of the rounds positively, and 83% perceived the rounds to benefit their practice, particularly (but not limited to) documentation, prioritisation and plan of care, and clinical-decision making.³

In an Australian ICU, the rounds were used to: improve the use of evidence in practice, provide a forum to maintain competency, model expertise and leadership, acknowledge expertise, decrease staff isolation, promote professional development, and develop clinical decision making, communication and presentation skills.⁹ The effectiveness of the rounds was quantitatively evaluated based on their impact on the practice environment such as nurses' involvement in decision-making, quality of care, leadership, staffing and resource, and their relationship with doctors¹⁰; and work satisfaction, in terms of salary, professional status,

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