



Nursing Grand Rounds: A Strategy for Promoting Evidence-Based Learning Among Pediatric Nurses^{1,2}



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Received 6 March 2014; revised 18 July 2014; accepted 23 July 2014

Key words:

Pediatric;
Nursing grand rounds;
Evidence-based learning;
Continuing education

This paper describes the collaboration of nurses from five specialty units within a large tertiary care pediatric hospital in the development and presentation of Nursing Grand Rounds (NGR). NGR was generated, prepared, and presented quarterly by bedside nurses to their peers in a professional format. NGR lasted 2 hours, were simultaneously offered via Webinar, and incorporated literature reviews, guest/expert speakers, and case studies. In addition, attendees were eligible for continuing education credits (CEUs). Based on favorable evaluations, NGR is purported as a creative method for nurses to be kept up-to-date about evidence and knowledge unique to their patient population.

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TODAY'S DYNAMIC HEALTHCARE environment creates an inherent expectation for practicing nurses to remain lifelong learners, use evidence for improving outcomes, and demonstrate continued competency and accountability for their practice. As evidence based practice (EBP) becomes more prevalent in how contemporary nurses make decisions and deliver care, healthcare organizations should make provisions for nurses to continually use best evidence. A growing body of literature suggests journal clubs, professional conferences, and workshops as potential facilitators in engaging nurses with the most up-to-date evidence (Forsetlund et al., 2009; Krugman, 2009; Mikos-Schild, Endara, & Calvario, 2010; National Institute for Health and Clinical Excellence [NICE], 2007; Ofosu, 1997). The authors

suggest the implementation of Nursing Grand Rounds (NGR) as a viable solution for helping nurses to stay informed and current with evidence that is extrapolated from a constantly changing and increasingly complex healthcare environment. Thus, NGR creates learning opportunities for nurses to be able to bridge evidence into practice, as well as demonstrate competency and accountability for their practice.

Billings and Halstead (2012) referred to NGR as a teaching strategy that uses the patients' condition for direct, purposeful experiences. Armola, Brandeburg, and Tucker (2010) defined NGR as a "presentation given by nurses who share nursing care and focus on a particular case or group of cases" (p. 55). Although definitions of NGR may vary slightly, the authors delineate NGR as a learning event that encapsulates a case study or a group of case studies related to content and is hosted by nurses for the purpose of familiarizing the audience with an EBP approach to learning.

The term NGR was first published in 1964 by Mercadante and Ross. Since then, published literature on the use of NGR in the hospital setting have been scarce. More recently, with (a) the advent of the Magnet™ Program in the U. S., (b) the Institute of Medicine's (2010) report addressing continuing education for health professions, and (c) recommendations from the Carnegie Report (Benner, Sutphen, Leonard, & Day, 2010),

¹ Previous presentations: The Nursing Grand Rounds project was presented at the 42nd Biennial Convention for Sigma Theta Tau International in Indianapolis, Indiana from November 18 to 19, 2013 as a poster presentation.

² This paper did not receive any extramural funding or commercial financial support. However, the writing of the manuscript occurred while the primary author was in doctoral study at the Georgia Baptist College of Nursing of Mercer University and doctoral study was supported by the Jonas Scholars Leadership Scholarship.

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there has been an increase in NGR implementation within the hospital setting (i.e., [Cincinnati Children's Hospital Medical Center](#), [Dartmouth-Hitchcock](#), [University of Rochester Medical Center \[URMC\]](#), [UCDavis Health System](#), [Seattle Children's Hospital](#)). Additionally, there have been a number of recent publications on NGR implementation ([Armola et al., 2010](#); [Furlong, D'Luna-O'Grady, Macari-Hinson, O'Connell, & Pierson, 2007](#); [Hagle & Millenbruch, 2011](#); [Iacono, 2008](#); [Lannon, 2005](#); [Wolak, Cairns, & Smith, 2008](#)). For example, [Cincinnati Children's](#) offered a variety of NGR via streaming media from their Web site and awarded contact hours to nurses who viewed the entire program, completed an evaluation tool, and took the post-test (<http://www.cincinnatichildrens.org>). [Dartmouth-Hitchcock](#), located in New Hampshire, offers NGR routinely to nurses online. Nurses are eligible for contact hours if they view the entire program, complete an evaluation and score at least 80% on the exam (<http://med.dartmouth-hitchcock.org>). The [URMC](#) offers monthly Clinical Grand Rounds on topics that are current and pertinent to their clinical practitioners, with contact hours often available for attendees (<http://www.urmc.rochester.edu>). [UCDavis Health System](#), located in California, archives all NGR events online. In order to receive contact hours, nurses must view the event, complete the evaluation and score at least 80% on the post-test, which can only be taken once (<http://www.ucdmc.ucdavis.edu>). Finally, [Seattle Children's Hospital](#) offers NGR on a monthly basis for a live audience. Additionally, they archive their NGR events online where nurses can obtain free certificates of participation after viewing their NGR videos (<http://www.seattlechildrens.org>).

Setting

This paper describes the collaborative efforts of a core group of nurses from five specialty units within a large tertiary care pediatric hospital in developing and presenting a series of formal NGR. This particular hospital has three main campuses. The five specialty units involved in the implementation of NGR were part of the General Patient Care (GPC) areas at one of these campuses. The nurses involved in this endeavor were members of an EBP group referred to as the EBP Unit Champions.

Background/Purpose

Prior to the implementation of routine NGR at this hospital and from previous work conducted by the primary author on establishing a culture of clinical inquiry among pediatric nurses ([Laibhen-Parkes, 2014](#)), the group of EBP Unit Champions was formed to advocate for EBP at the point of care. With the support of nursing leadership between the five units, the primary author put together a team of nurses who showed an interest in being part of this initiative.

Although recommendations were considered, nurses joined this group voluntarily. At the time of its inception, nurses who joined this group were expected to (a) be a journal club member, (b) assist with the rollout of an EBP and Nursing Research Curriculum designed by the primary author on their designated units, (c) facilitate and/or monitor EBP poster sessions on their units, (d) assist staff with formulating focused clinical questions, (e) promote clinical inquiry and literature searches on their units, and (f) be an additional source of support for EBP at the point of care. Nurses in this group received special training and continued guidance from the primary author to be effective in their roles. The group met on a quarterly basis and the idea of offering NGR on a bi-annual to quarterly basis was established as one of the goals for the group. Prior to the inception of NGR, a lack of collegiality was present between GPC units, no formal platform was available for nurses to share expertise between GPC units, and skills associated with evidence-based nursing were essentially dormant. Thus, the NGR initiative helped to (a) promote a community of learning between the GPC units, (b) establish a formal platform for showcasing nursing expertise, and (c) raise awareness on the use of evidence for improving nursing care.

In August 2011, the inaugural NGR event was presented specifically for staff nurses working among the five specialty units. It was entitled, "Munchausen's Syndrome by Proxy (MSBP): Implications for the pediatric nurse." Based on the clinical uniqueness of MSBP within the specialty of pediatrics, the first two authors decided that this topic would gain the attention of most pediatric nurses. MSBP is a form of child abuse in which a parent induces real or fictitious symptoms of a disease or illness in a child ([National Library of Medicine \[NLM\], 2014](#)). The case study presented during NGR was an actual case taken from the hospital's electronic medical record (EMR) with the approval of the hospital's Institutional Review Board (IRB). Presenters of this first NGR event received raving reviews from staff who attended. For staff who were not able to attend, they sent emails requesting a repeat opportunity to attend. In response to this, an encore presentation of MSBP was presented in November 2011.

Description of Implementation

Content for NGR learning events were generated, prepared, and presented quarterly by bedside nurses to their peers in a professional format. The nursing leadership between the five units supported this process by providing nurses involved in hosting NGR with paid administrative time away from patient care. This allotted administrative time was negotiated between the primary author and the nursing leadership team prior to the implementation of NGR among the five units. Starting with the primary author's unit, hosting NGR was rotated between the five specialty units.

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