



Internal medicine nurse shadowing program



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ABSTRACT

Professional identity formation is a fluid process, which evolves throughout one's medical education. Residency is an ideal time for interprofessional education because as junior physicians, they are beginning to develop their professional identity, but it is still early enough in their careers that their attitudes and habits are malleable. We implemented a nurse-shadowing pilot program for internal medicine (IM) residents. IM residents completed a six to 12-h nurse-shadowing experience. Pre- and post-exposure surveys and interviews were used to explore satisfaction, learning, reflective practice, and anticipated change in behaviour. All residents ($n = 7$) and nurses ($n = 7$) found the nurse-shadowing experience to be valuable. There was a statistically significant improvement on resident self-reported knowledge of nursing scope of practice. Qualitative analysis of participant interviews identified potential benefits, including reflective practice, attitudinal changes (increased empathy), and recognized specific actionable items to incorporate into their daily practice to improve collaboration and communication. The residents were able to compare and contrast their own roles to those of their nursing colleagues. Nurse-shadowing programs at the residency level provide a valuable interprofessional educational experience.

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1. Format

IM residents participated in a six to 12-h nurse-shadowing experience with a registered nurse (RN) providing direct patient care on the general medicine wards at an academic hospital.

2. Target audience

Participants included IM residents during their core three-year internal medicine residency training at McMaster University. McMaster is a tertiary care, academic institution and the IM training program has 28 residents per year. A total of seven residents volunteered to participate in our shadowing experience, including four residents in post graduate year one (PGY1) and three in PGY2.

3. Objectives

There were two shadowing-experience learning objectives:

1. Generate awareness of professional responsibilities of nursing colleagues;
2. Observe nursing activities including transfer of accountability (i.e. shift handover), documentation, provision of patient care, patient assessments, and interactions with other health care professionals.

4. Activity description

Each participating resident shadowed a registered nurse on an IM inpatient ward for six to 12 h. Residents observed nursing activities including transfer of accountability, documentation, provision of patient care, patient assessments, and interactions with other healthcare disciplines. Residents were asked to observe and not participate in activities beyond their scope of training, such as specimen collection (e.g. blood and urine), administration of

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medications, and securing and/or transcribing medications. Residents participated in a pre-specified list of activities under the supervision of a nurse, including provision of emotional support to patients and families, development of care plan, and patient education around the time of patient discharge. These policies and procedures were used to ensure residents were adequately supervised with regards to patient care issues that arose during the nurse-shadowing experience. Residents were instructed to abstain from intervening in their capacity as physicians. If physician intervention was warranted, the most responsible physician (MRP) or their delegate was contacted. The faculty investigator (MP) was also on call during the experience to provide residents with guidance should a situation arise where they felt ethically compelled to act. The study was approved by the Hamilton Integrated Research Ethics Board.

Through a pre- and post-exposure questionnaire and interview with a non-physician/nurse research collaborator, the residents were asked to reflect on their nursing experience. They were asked to consider the following items:

1. Reflect on the similarities and differences between roles of physicians and nurses.
2. Identify principles fundamental to interprofessional collaboration (trust, communication, shared decision making, teamwork). Reflect on barriers seen during the shadowing experience.
3. Identify actionable items which could improve communication and collaboration between professions.

5. Evaluation

Questionnaires and qualitative data from semi-structured individual and group interviews were used to assess the resident perceptions about the experience. Reflection and self-reported changes were used to determine the success of the intervention. Data was triangulated from multiple sources to perform a multi-source evaluation of the shadowing experience.

5.1. Questionnaires

Pre- and post-exposure self-administered surveys were piloted for this experience. The surveys contained questions regarding perceptions about the role of nurses in residency education, understanding of nurse roles in patient care, knowledge of daily professional responsibilities, trust between professions, communication barriers, and overall satisfaction with the experience. Both a 7-point Likert scale and free text questions were utilized to collect data. We revised survey and interview questions based on expert feedback, and then we piloted the survey with two non-participant residents to ensure clarity.

5.1.1. Survey results

Resident ($n = 7$) and nurse ($n = 7$) participants were asked about the value of the shadowing experience on a 7-point Likert scale (1 = not at all valuable; 7 = very valuable). The median score (MDN) was 5.5 on pre- and post-exposure surveys, suggesting that residents expected this experience to be valuable. Four of seven residents participated in interprofessional shadowing experience during medical school; however, none of the participants had ever shadowed a nurse. All residents viewed nurses as valuable teachers in their medical education (MDN = 6 pre- and post-exposure) and suggested nurses assume a larger role in teaching residents (MDN = 5 pre- and post-exposure). Residents felt they gained knowledge about overall nursing scope of practice and intricacies of nursing professional responsibilities (MDN = 4 pre-exposure;

MDN = 6 post-exposure, $p = 0.03$). All nurse participants stated that they would participate as a nurse-teacher again and felt this was a valuable experience (See Table 1).

5.2. Interviews/focus groups

After residents completed the experience, individual and group interviews were conducted with participants by a non-physician/nurse research collaborator. A semi-structured interview guide was developed to encourage participant reflection. Interpretive description¹ was used to identify themes by two authors (SAL, TMC), who initially coded the transcripts separately and then resolved differences by consensus. Interpretive description allows for the generation of comprehensive summaries of the participants' perspectives, and forms coherent, conceptual descriptions that extract thematic patterns and commonalities to help explain and describe the interprofessional educational experience of participants.¹

We asked the residents to reflect on whether the experience changed their perception of nursing scope of practice and whether the experience would change how they interacted with their colleagues. We also surveyed and interviewed the nurse-teachers to evaluate the experience from their perspective. We evaluated the impact of the shadowing experience on their workflow, asked if they felt the residents had a representative experience, and ascertained their recommendations to improve the shadowing experience.

5.2.1. Interview results

Seven residents and four nurses were interviewed. We had intended to conduct one focus group each for nurses and residents to generate rich discussions as well as different perspectives and opinions. However, due to conflicting schedules of participants, two separate resident group interviews were conducted, each containing three residents. The remaining resident was individually interviewed. Two nurses were interviewed together, and two were individually interviewed. To accommodate for the change in interview style, we modified the questions to accommodate for semi-structured individual interviews and group interviews.

Three major themes developed from the resident interviews:

1. Practical skills and lessons learned;
2. Reflection on the contrasting the roles of residents and nurses;
3. Behavioural changes.

5.3. Practical skills and lessons learned

Residents repeatedly highlighted practical skills that they obtained during their shadowing experience. A few residents felt more comfortable dealing with pump errors after watching the nurses fix these throughout the day. Other residents reported feeling more comfortable navigating the electronic medical record to find nursing notes, learning how pills were crushed and administered, and how to operate a patient-care lift. The residents also expressed that this experience taught them the importance of clear, frequent communication. One resident realized that the nurses would appreciate consistent communication with physicians:

"I think it just drove home the point of consistent communication throughout the day. There are a few instances where things weren't communicated to the nurses and they were left trying to figure out an order or a stat order late."

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