Optimizing Communication Between Professional Nurses & Physicians-in-Training

Candelaria Frankoff, BSN, RN, PCCN
Quality Management Coordinator, Harris Health System
Objectives:

- Delineate the steps used to conduct the evidence-based practice (EBP) project
- Provide an overview of the salient literature regarding facilitators & barriers to effective communication between nurses and physicians-in-training working in an inpatient setting
- Describe how the findings from the EBP project translate into practice

Statement of Disclosure:
The authors did not receive sponsorship or commercial support and have no conflict of interest to disclose - Candelaria Frankoff (Author) Harris Health System
Team Members:

Ana Elisabeth Armijos, BSN, RN
Nurse Clinician II, Critical Care, Ben Taub Hospital

Sidney Lauren Brown, BSN, RN, PCCN
Clinical Resource Nurse, Ben Taub Hospital

Ardis Bush, MSN, RN, NEA-BC, CMSRN
Director of Nursing, Critical Care, Ben Taub Hospital

Vanessa Garcia, BSN, RN
Nurse Clinician II, Critical Care, Ben Taub Hospital

Kenn Kirksey, PhD, RN, ACNS-BC, FAAN
Director, Nursing Research, Senior Nurse Scientist, Harris Health System

Jocelyn Marabiles, BSN, RN
Nurse Clinician II, Critical Care, Ben Taub Hospital
Clinical Inquiry
Background/Significance:

- Effective communication and collaboration between physicians and nurses is critical.

- According to the Joint Commission, miscommunication across disciplines is the 2nd highest cause of sentinel events (Ellison, 2015).

- Ineffective communication decreases the ability to work collaboratively (Palanisamy, 2015).
Background/Significance:

- Harris Health System provides training opportunities for medical students, interns, and residents from two local medical schools
- Frequent medical staff rotations can be challenging for nurses and physicians
- Nurses reported difficult and tenuous communication with physicians-in-training
Purpose:

- The purpose of the clinical inquiry was to discover ideal methods for addressing the age-old dilemma of sub-optimal communication between the disciplines (nurses and physicians).

Project Objectives:

- Explored new ideas for improving interprofessional communication and collaboration.
- Implemented an EBP project in an effort to foster an environment where high quality, patient-centered and interprofessionally-congruent care is the norm.
PICO Question:

Among registered nurses working at the point of care (P), what factors may enhance (I) or impede (C) communication aimed at improving collaboration with medical students and resident physicians (O)?
Methodology
EBP Practice Model:

Johns Hopkins Nursing Evidence-Based Practice Model (JHNEBP)
Sources of Evidence:

- Acquisition: Nursing Reference Center Plus, PubMed and CINAHL
- 282 articles (both research and non-research)
- 42 articles met specific inclusion criteria and were reviewed
Critical Appraisal - Evidence:

- Johns Hopkins EBP Criteria (both research and non-research forms) were used in order to critically appraise the salient literature
Evidence: Research

Johns Hopkins Evidence-Based Practice Research Appraisal Tool
Levels of Research:

Level I
Randomized Controlled Trials (RCT)
Meta-analysis of RCTs

Level II
Quasi-experimental

Level III
Non-experimental
Qualitative
Meta-synthesis
Evidence: Non-Research

Johns Hopkins Evidence Based Practice Non-Research Appraisal Tool
Levels of Non-Research:

Level IV
Systematic Review
Clinical Practice Guidelines

Level V
Organizational (e.g., Quality Improvement)
Expert Opinion
Case Study
Literature Review
Appraisal Processes:

- All 42 articles were critically appraised utilizing the JHNEBP appraisal tools
- Each article was critiqued by at least 3 team members
- Group meetings held to discuss discrepancies and reach consensus
Findings
Categorization:

Research versus Non-Research

- **Level I** (experimental) - n=1
- **Level II** (quasi-experimental) - n=8
- **Level III** (non-experimental; qualitative) - n=15
- **Level IV** (systematic review) - n=5
- **Level V** (quality improvement, expert opinion) - n=13
Factors Impeding Communication:

- Time constraints, continuous flow of interruptions, inadequate RN autonomy, fatigue, workload, staffing shortages
- Knowledge and communication variations, differing educational perspectives, professional jargon, lack of co-educational experiences
- Historical interprofessional rivalries
- Attitudes towards interprofessional communication, lack of trust
- Hierarchal structure of hospital, organizational culture
- Gender and multi-generational variances
- Advances in technology & computerized provider order entry
- Ignoring disruptive behavior
Factors Enhancing Communication:

- Interprofessional collaboration
- Integrated clinical rotations
- Respectful introductions
- Use of SBAR
- Multi-disciplinary rounds
- Non-hierarchal & collaborative communication structures
- Implementing shared governance
- Face-to-face dialogue to increase understanding
- Classes in positive communication & collaboration skills
- MD/RN shadowing program
Other Interesting Factors:

- Informal learning by physicians from registered nurses
- Professional socialization
- Development of professional identity
- Learning how to collaborate via teamwork
- Status-based communication models often employed
- Shadowing program
Translation into Practice:

- Broad knowledge base on factors that impede communication between physicians and nurses
- Limited strong evidence that recommends effective and realistic modalities for improving communication
- Nurses at the point-of-care play a significant role in physicians’ professional socialization and informal learning
Implications for Practice:

- Findings can be utilized to create a foundation for the development and implementation of interdisciplinary team building interventions.
- Potential creation and implementation of shadowing program to improve collaboration.
- Findings contribute future research and development of interprofessional communication and collaboration interventions.
Questions?

Candelaria Frankoff, BSN, RN, PCCN
Candelaria.Frankoff@HarrisHealth.org