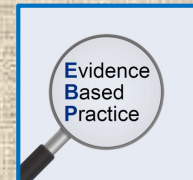
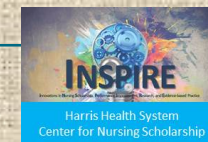




Optimizing Communication Between Professional Nurses & Physicians-in-Training

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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:

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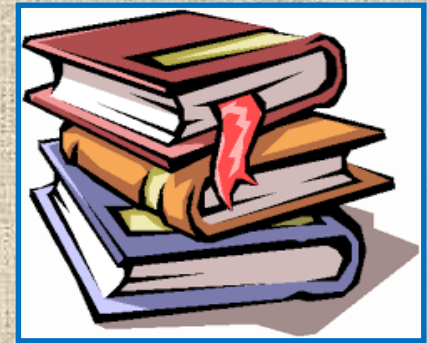
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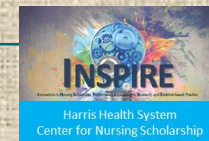
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Clinical Inquiry

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**)?



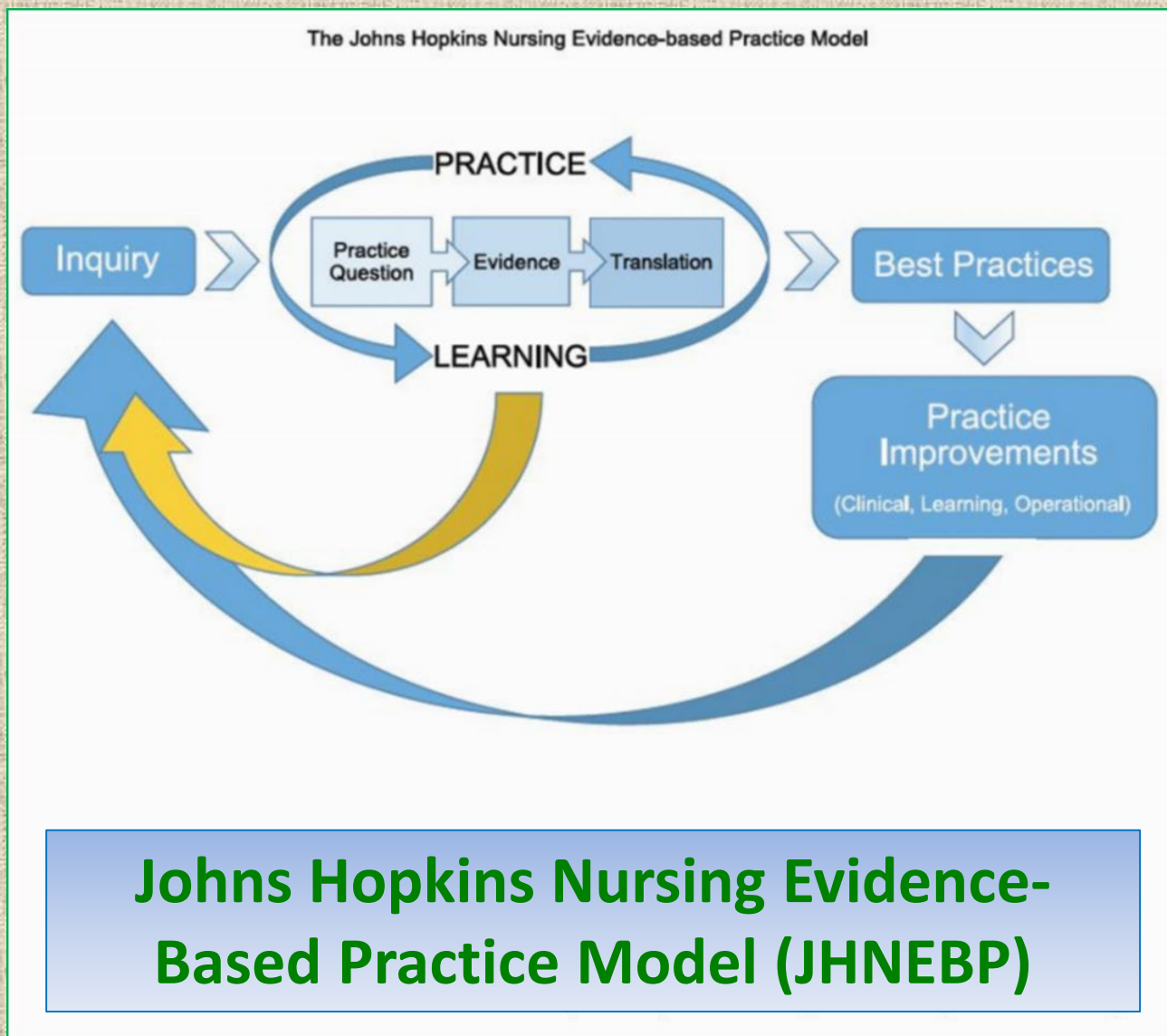


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Methodology

EBP Practice Model:



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



Non-Research

Critical Appraisal - Evidence:

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



➤ Johns Hopkins
Evidence-Based
Practice
Research
Appraisal Tool

JHNEBP RESEARCH Evidence Appraisal Evidence Level: _____

ARTICLE TITLE:				NUMBER:	
AUTHOR(s):				DATE:	
JOURNAL:					
SETTING:			SAMPLE (COMPOSITION/SIZE)		
<input type="checkbox"/> Experimental	<input type="checkbox"/> Meta-Analysis	<input type="checkbox"/> Quasi-experimental	<input type="checkbox"/> Non-experimental	<input type="checkbox"/> Qualitative	<input type="checkbox"/> Meta-Synthesis
<input type="checkbox"/> Does this study apply to the population targeted by my practice question?					<input type="checkbox"/> Yes <input type="checkbox"/> No
If the answer is No, STOP here (unless there are similar characteristics).					
Strength of Study Design					
<ul style="list-style-type: none"> Was sample size adequate and appropriate? Were study participants randomized? Was there an intervention? Was there a control group? If there was more than one group, were groups equally treated, except for the intervention? Was there adequate description of the data collection methods 				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Study Results					
<ul style="list-style-type: none"> Were results clearly presented? Was an interpretation/analysis provided? 				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Study Conclusions					
<ul style="list-style-type: none"> Were conclusions based on clearly presented results? Were study limitations identified and discussed? 				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
PERTINENT STUDY FINDINGS AND RECOMMENDATIONS					
Will the results help me in caring for my patients?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Evidence Rating (scales on back)					
Strength of Evidence Rating					
Quality Rating (check one)		<input type="checkbox"/> High (A)	<input type="checkbox"/> Good (B)	<input type="checkbox"/> Low/major flaws (C)	

Evidence: Non-Research

➤ Johns Hopkins
Evidence Based
Practice **Non-
Research**
Appraisal Tool

Evidence Level: _____

ARTICLE TITLE:		NUMBER:	
AUTHOR(S):		DATE:	
JOURNAL:			
<input type="checkbox"/> Systematic Review	<input type="checkbox"/> Clinical Practice Guidelines	<input type="checkbox"/> Organizational (QI, financial data)	<input type="checkbox"/> Expert opinion, case study, literature review
Does review/expert opinion address my practice question?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If the answer is No, STOP here (unless there are similar characteristics).			
Systematic Review			
• Is the question clear?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Are search strategies specified, and reproducible?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Are search strategies appropriate to include all pertinent studies?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Are criteria for inclusion and exclusion of studies specified?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Are details of included studies (design, methods, analysis) presented?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Are methodological limitations disclosed?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Are the variables in the studies reviewed similar, so that studies can be combined?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Clinical Practice Guidelines			
• Were appropriate stakeholders involved in the development of this guideline?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Are groups to which guidelines apply and do not apply clearly stated?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Have potential biases been eliminated?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Were guidelines valid (reproducible search, expert consensus, independent review, current, and level of supporting evidence identified for each recommendation)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Are recommendations clear?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Organizational Experience			
• Was the aim of the project clearly stated?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Is the setting similar to setting of interest?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Was the method adequately described?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Were measures identified?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Were results adequately described?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Was interpretation clear and appropriate?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Individual expert opinion, case study, literature review			
• Was evidence based on the opinion of an individual?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Is the individual an expert on the topic?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Is author's opinion based on scientific evidence?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Is the author's opinion clearly stated?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Are potential biases acknowledged?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
PERTINENT CONCLUSIONS AND RECOMMENDATIONS			
Were conclusions based on the evidence presented?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the results help me in caring for my patients?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Quality Rating (scale on back):			
Basic quality rating of the study under review (check one)	<input type="checkbox"/> High (A)	<input type="checkbox"/> Good (B)	<input type="checkbox"/> Low/major flaws(C)

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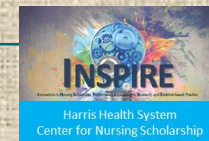
Appraisal Processes:

- 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





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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

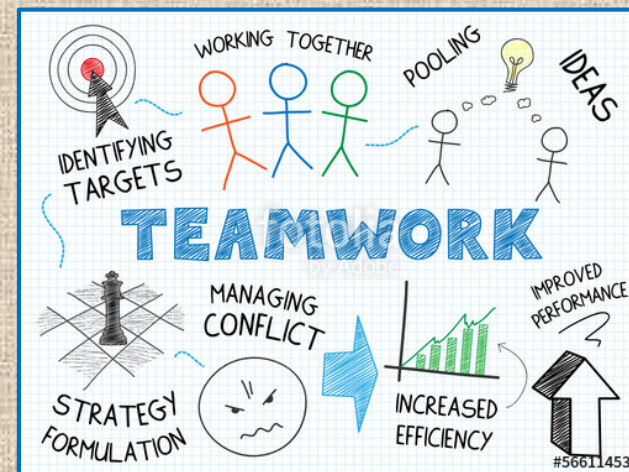


Factors Impeding Communication:

- 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
- Hierarchical structure of hospital, organizational culture
- Gender and multi-generational variances
- Advances in technology & computerized provider order entry
- Ignoring disruptive behavior

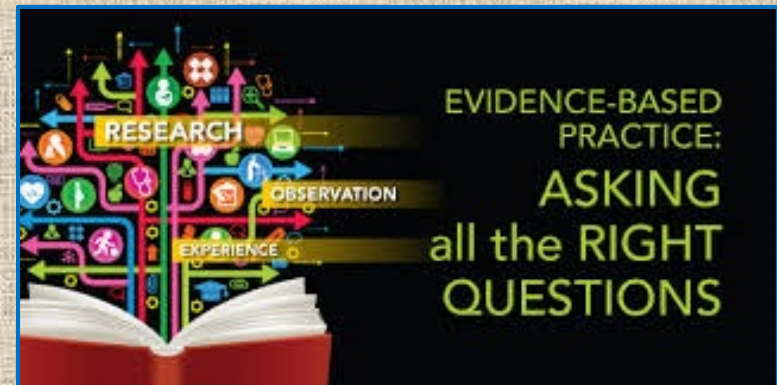
Other Interesting Factors:

- 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?

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