Forutsetninger for en effektiv og presis dialog mellom intensivsykepleieren og legen i forhold til pasientens kliniske tilstand og behandlingsplan

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Interprofessional collaboration in the ICU

– Intensive Care Medicine guidelines and recommendations for ICUs stating that “Intensive care medicine is the result of close cooperation among doctors, nurses, and allied health professionals” (Valentin & Ferdinande, 2011, p. 1577).
Interprofessional collaboration in the ICU

Effective interprofessional collaboration is essential and critical for ensuring the quality and safety of health care for patients in the ICU (Dietz et al., 2014; Reeves et al., 2015), and can improve patient outcomes (Martin, Ummenhofer, Manser, & Spirig, 2010).

Collaboration includes communication, and accurate and effective communication of patient information is an essential component of safe, efficient and patient-centered ICU care (Al-Qadheeb et al., 2013; Williams et al., 2010).
Interprofessional collaboration in the ICU

— Physicians and nurses have different perceptions of the quality of nurse-physician collaborations and communication.

— Nurses report that they find it difficult to speak up, that disagreements are not appropriately resolved and that their input is not well received (Al-Qadheeb et al., 2013; Hartog & Benbenishty, 2015; Nathanson et al., 2011).
Interprofessional collaboration in the ICU

— Nurses’ opportunities to present from their templates depended upon the individual preferences, mood, and time constraints of the attending physicians who controlled the pace and inclusivity of interprofessional rounds.

— Interprofessional rounds were held within the circle of physicians, and the rounds were defined as a medical rather than an interprofessional enterprise.

— The non-physicians in the study used strong metaphors to describe their efforts to join that inner circle, such as “elbow(ing) in” and “fighting to get in”.

(Paradis, Leslie, and Gropper, 2015)
Interprofessional collaboration in the ICU

— Kommunikasjonsverktøy i utveksling av nødvendig og relevant pasient informasjon

— Situation-Background-Assessment-Assessment-Recommendation (SBAR), et verktøy for struktureret muntlig rapport tilpasset av Institute for Healthcare Improvement (IHI).
To explore nurses’ dialogue with physicians on shift regarding patients’ clinical status and the prerequisites for an effective and accurate exchange of information.
## Study design

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Ethical considerations

- This study was approved by the Norwegian Social Science Data Services (NSD) and the participating ICUs.

- All of the ICU nurses and physicians provided voluntary written informed consent.
The purpose of this paper was to explore nurses’ dialogue with the physicians on shift regarding patients’ clinical status and the prerequisites for an effective and accurate exchange of information.
# Findings Paper III

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Nurses’ contribution to the dialogue

“I [the physician] feel completely dependent on the nurses’ clinical observations of the patient. I wonder how patients respond to different care situations. How did they respond to oral hygiene? Was there facial mimicry or convulsions? (...) It is important to know how patients’ physical conditions are manifested from hour to hour (...) Nurses conduct ongoing clinical observations of the patients, and those observations are the most important [contribution] …” (Physician 2 FG1)
Prerequisites for an effective and accurate dialogue

“We [nurse] have a lot of knowledge (...) We have to take a stance and speak up and say “listen, there is actually such and such [occurring]”; if there is something we are frustrated about or do not agree with regarding the patient’s care, we must speak up and convey these things to you [physicians] ...” (ICU nurse 2 FG1)

"I say that very often to new nurses. You have to speak up and be heard [by physicians]. You have to come to the pre-rounds and rounds, as well as interdisciplinary meetings, and present your opinions and what you have observed... Bring them [opinions and observations] up and join the discussion [with physicians]...” (ICU 1 nurse FG1)
Prerequisites for an effective and accurate dialogue

"It is the physicians who determines whether the observations [nurses’ observations] have clinical significance (...) Nurse observations are very important, and we [physicians] trust them, but we must also assess [the patient] ourselves …" (Physician 6 FG3)

"I agree … One thing is to present observations of the patient; most nurses have an idea of what they think we [physician and nurses] should do with them [observations], but we [physicians] do not always agree with the nurses... We agree about the observations, but there is a disagreement about what the next steps should be…” (Physician 5 FG3)
Summing up Paper III

- ICU nurses ongoing clinical observations of patients were found to be essential to the discussion of patient care.

- ICU nurses ability to speak up and present changes in the patients condition is essential to the communication of patient information to physicians.
Both nurses and physicians expressed the need for straightforward, unambiguous verbal exchange of patient information regarding treatment and care options.

Physicians should be willing to listen to and include nurses’ clinical observations and concerns about patients.
Conclusions and clinical implications

— ICU nurses should be aware of their essential role in conducting ongoing clinical observations of patients and of their right to be included in decision-making processes regarding ongoing patient treatment and care.

— ICU nurses must strengthen their ability to report their clinical observations and interpretations to physicians on shift.

— This requires an increased emphasis in the education system and in nursing practice on how to present potential patient changes and concerns.
Conclusions and clinical implications

— ICU nurses and physicians must have the same objectives and understanding of the patients clinical status and care options.

— For ICU nurses to be included, physicians must be willing to listen to and incorporate nurses’ clinical observations and concerns about patients in the decision-making process.
Takk for oppmerksomheten