

Emergency Department Practicum

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Nursing 40045- Integration of Leadership and Management in Nursing

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Part I: Integration of Leadership and Management

Quality Improvement

The emergency department at Mercy Medical Center is involved in quality improvement. The data for quality improvement is obtained from root cause analysis and audits. Specifically in emergency department, two areas looked at for quality improvement are non-completed medication orders and times for cardiac catheterization. Both of these areas deal directly with patient safety. Once the data has been collected, it is then evaluated. The unit practice council is one such entity in the organization that collects data and evaluates it according to research and national standards. Once the data has been evaluated, the nurse educator or the clinical manager on the unit will disperse the information to the unit. My preceptor indicated that she and many other nurses on the floor take part in safety huddles and root cause analysis meetings, which help them take part in the quality improvement process. An area that would benefit from quality improvement would be medication administration. Using the barcode-assisted medication administration with electronic medication administration record (BCMA-eMAR) could not only decrease non-completed medication orders, but decrease medication errors (Poon et al., 2010).

Quality improvement is a continuous process that looks to find creative solutions to improve patient care. A focus of quality improvement is the standardization of care (McLaughlin, Houston, & Mattson, 2012). One of the main parts to quality improvement is standardizing care (McLaughlin, Houston, & Mattson, 2012). When care is standardized and quality is improved, the cost of the care decreases (McLaughlin, Houston, & Mattson, 2012). Many nurses come out of nursing school not understanding the quality improvement process and the consequence of quality improvement. Flores, Hickenlooper, and Saxton (2013) state that

incorporating the quality improvement process into a nursing course would be beneficial to nursing students. The researchers report that this would provide the nursing students with a quality improvement experience, which would ensure that new graduates would participate in the quality improvement process.

Change, Power, and Conflict

Change is difficult in healthcare organizations. For change to first occur there must be something that can be done better. Organizations should adapt to new research and implement evidence-based practice. Two things that I saw in the emergency department that could be changed were the staffing and the use of BCMA-eMAR. To initiate the change the nurse would need to speak to someone in power on the unit. This could include the clinical manager or the charge nurse. The unit practice council should also be informed as they are the ones that look at evidence-based practices and try to implement them on the unit. To implement these changes, the staff and management would need to be educated on the benefits of using the BCMA-eMAR. For the short staffing issue, management would need to be educated on the benefits of proper staffing and the risks of short staffing. Conducting studies in the hospital on the issue could be another route to understand how it effects the whole hospital.

I was able to observe a few types of power during my practicum. Many of the nurses and physicians in the emergency department have expert and legitimate power. The more proficiency a nurse has, the more that nurse is perceived as an expert in nursing (Miller, Maloney, & Maloney, 2012). My preceptor and many of the other nurses on the unit have trained new trainees to work in the emergency department. This is a display of expert power, which indicates that these nurses are looked at as knowledgeable and experienced in emergency nursing. Legitimate power is power that is derived a degree, certification, or job title (Miller, Maloney, &

Maloney, 2012). All of the nurses in the emergency department had legitimate power as they have a degree and certification to perform nursing care.

I did not observe any conflicts during my time at the emergency department. My preceptor did inform though that many nurses do have conflicts with management about scheduling and staffing issues. Whenever conflicts arise, they should be handled in a professional manner. If there is a conflict with a coworker, it is better to take the coworker to the side and talk to them about the situation, before going directly to the charging nurse or higher up the hierarchy. Pines et al. (2012) found that nurses early in their career were more likely to avoid difficult situations, while the older and more experienced nurses tended to be more assertive, cooperative, and searching for solutions to the problem. This is important as conflicts will always arise. The nurse must manage difficult situations and people and look for solutions, not avoid them.

Magnet Status

Magnet organizations are those that have met the rigorous nursing excellence as defined by the American Nurses Credentialing Center (ANCC) (Shirey, 2012). The ANCC, which is a division of the American Nurses Association, is the organization that awards magnet status (Shirey, 2012). For a healthcare organization to get magnet status, they must go through the magnet appraisal process, which addresses the requirements, processes, and activities necessary to get the designation (Shirey, 2012). The appraisal process has four phases, which are the application, evaluation, site visit, and award decision. The organization then must develop a database on nursing-sensitive indicators, which are measures the outcomes of nursing actions (Shirey, 2012). The ANCC will then do an evaluation and perform a site visit if enough points earned during the evaluation (Shirey, 2012). If the consensus of the ANCC Commission on

Magnet Recognition members agrees that the organization reflects magnet defined excellence, then the organization will be awarded magnet recognition (Shirey, 2012). Magnet organization afterwards must submit annual reports yearly and must repeat the appraisal process every four years to keep magnet status (Shirey, 2012). Mercy Medical Center does not have magnet status. My preceptor indicated that the organization is working on it, by implementing changes, like hiring more nurses with a bachelor's in nursing over an associate's degree and encouraging nurses with an associate's degree to go back to school and get there bachelor's degree.

Magnet status is relevant to nursing as it is a sign of nursing excellence. There are many benefits to having magnet designation, which include improved patient outcomes, enhanced organizational culture, improved nursing recruitment and retention, enhanced safety outcomes, and enhanced competitive edge (Shirey, 2012). In magnet designated organizations, there are improved nurse-physician relationships and communication, nurse autonomy and accountability, support for education, adequate nurse staffing, control over nursing practice and the practice environment, and concern for the wellbeing of the patient (Shirey, 2012). Stimpfel, Rosen, and McHugh (2014) found that that the quality of care reported by nurses working in magnet designated organizations was higher than those working in non-magnet designated organizations. The researchers conclude that magnet designation provides an environment that is supportive of nursing.

Part II: Goals, Preparation, and Professionalism

Goals

My goals for the second 60 hours of my practicum were:

- I will be able to take the nurse's full patient load by the end of the second 60 hours.
- I will delegate one task to an AP within their scope by the end of the second 60 hours.

- I will report an abnormal assessment result or lab value to the attending physician by the end of my second 60 hours.
- I will research the pathophysiology behind a medical condition that I do not know about and explain the pathophysiology to the patient by the end of the second 60 hours.

I would say that I did not meet the first goal. There were times that I could take on the full four patients, but not consistently. We had much more acute patients this half of the practicum, which made it much harder to get things, like hourly rounding, charting, and orders, done in the usual time frame that I was accustomed with. My preceptor and I had to see which tasks were more important than others and we had to work as a team to provide safe care to the patients. I was able to still stick with three patients and at times four patients, but taking care of four acute patients independently was something that was hard to achieve. The nurses on the unit usually help out other nurses who have four acute patients as the care required for the patient usually takes up more time than the nurses have to provide the care safely.

My second goal was met. I was not able to delegate some of the more important tasks, like drawing labs, but I was able to get the emergency department technicians to perform things like wheel chair discharges and clean a dirty room before the next patient came in. For the sake of time, I would usually do these things, but on one particular day, the unit was busy and so I could not do everything I usually did. Getting the technicians to do these things freed up time for me to complete my assessments and charting on time. It also felt empowering to have this experience, even though it was a minor task, as delegation is something that many nurses struggle with.

My third goal was met. I was able to report abnormal labs and results and patient needs to the doctors with ease. I had issues at first with the doctors as they seemed like they did not care about what I had to say. I was able to change how I communicated with them and made my

conversation with them to the point. I reported whatever lab or result was abnormal or a patient's need that needed to be met and my take on what could be done.

My fourth goal was a success. Although, many of the medical conditions were ones that I was very familiar with, there were some that I had never heard of. As well, some of the medical conditions that I had known about, I did not know the pathophysiology. I was able educate the patients during discharge about their diagnosis. I was also able to provide them with interventions to do, as well as things to look for they may indicate there condition is getting worse.

NCLEX Preparation

I have set up a plan to pass the NCLEX that is quite simple. While I will be still going to school, I will dedicate at least one hour daily for NCLEX-related studying. I will do at least 50 NCLEX style questions per day and use the ATI website. I will dedicate part of my day to reading a section a day in a review book. I will set up goals for my review plan and after each goal completion I will give myself a reward. Setting up a reward system and giving myself rewards and some time to relax will help me in keeping on track with my plan. I also plan to attend a Kaplan review course. While a NCLEX review course will take up a considerable amount of time, it will help me to be more knowledgeable about the material on the NCLEX and to become more confident when I take it.

Professionalism

Practicing as a nurse, there are many values, behaviors, and attributes that will need to be incorporated into my care. I believe that some of the values that I was able to uphold were altruism, equality, non-judgmental, human dignity, justice, and truth. My value of being non-judgmental was tested during this practicum because I had to take care of a few patients who

were drug seekers and others who overdosed on drugs. I have acquaintances that are like this and I do not think highly of them or people like that. This caused room for issues to occur, but I kept my judgment at bay and provided non-judgmental care. This is important as the nurse will always encounter people who do things or hold beliefs that the nurse may not agree with, but the nurse is there to provide care, not pass judgment. Non-judgment also interacts with equality and justice as passing judgment can cause the nurse to provide better to care to one patient over the other, which is neither equal nor just. The attributes and behaviors I hold are professional appearance, self-discipline, self-evaluation, motivation, and effective communication. I feel that I have dramatically improved in my communication, since I have started the nursing program, but I also feel that there is more that I and everyone else can improve on. There is always room for error in communication and so one must be creative to make sure that the correct information is transmitted to the recipient. I also can improve in my time management and political awareness. I feel that all of these will improve with time as I become a future nurse. This practicum had a positive effect on me and on my view of nursing and professionalism. It has allowed me to view my strengths and weaknesses in my care and to evaluate my goals on improving my care. I was given an opportunity to practice somewhat independent care and increase my confidence and comfort in providing care independently. Most importantly though, it has made me take on the roles that nurses must take on every day, such as caregiver, patient advocate, and educator.

Part III: Professional Reflection

Description

During the last half of my practicum, I was exposed to a range of medical conditions. I got to care for patients with minor conditions, like a toothache, to major conditions, like a

laceration on the head that was caused by a fall. I was also able to practice and improve many of my skills. I was able to work on initiating IV therapy and inserting IVs in. I also had the opportunity to access a port and draw blood from it while maintaining a sterile field. I was able to improve on my assessment skills and charting by applying critical thinking. I also was able to comfortably communicate with other members of the healthcare team and better synchronize my care with theirs. The preceptor and I spent a few days at triage, which was a different experience than what I was used to. It gave me the impression of a primary care physician's office.

Feelings

During this half of the practicum, I felt very comfortable and independent providing care. I was able to provide almost all of the care for my patients on my own, except for a few patients who were very acute and so I needed my preceptor to help and guide me in the care. I have found it easier to look through the patient's chart and find information that is pertinent to the reason they were at the emergency room. I felt very comfortable providing medications without my preceptor in the room. I consistently use the six rights of administration. Although I am not a pro yet, I have found IV insertion to be much easier and more comfortable than during my first half of the practicum. I feel communication is one of my weaknesses that has definitely improved over the course of this practicum. I feel I am able to better communicate with the members of the healthcare team, specifically physicians, and with the patients regarding their diagnoses, interventions that must be done, and discharge, if applicable. I feel very comfortable discharging patients and did most of the discharges for the patients assigned to my preceptor and me. One thing I feel that I need to work on is questioning the pertinence of orders. All humans are prone to errors, and physicians are no exception. The nurse is an advocate to the patient and so when an order comes through that may not be pertinent to the patient, it is our duty to question that order.

I feel that with a little more practice, I could easily progress to be a future competent emergency room nurse.

Evaluation

I believe that I have made great strides in improving my transition from a student nurse to a future nurse. I have been able provide most of the care for my patients and only had to really rely on my preceptor on the more acute patients. I was able to improve my time management, but I believe there is still room for improvement. My assessments became more focused for this 60 hours and I believe my charting was more to the point and contained information that was relevant to their diagnoses and stay at the emergency room. I could not complete many orders in the EmergiSoft software, so I had to rely on my preceptor to mark them as noted when I started an order and completed when I had finished the order. This caused me to take up more time for orders than need be, but it also gave my preceptor an opportunity to check what I was going to do and give advice if need be. I have improved dramatically when communicating with the physicians. I feel more comfortable and can make requests and give more pertinent information on the needs of and status updates about the patient. My IV insertion skills have improved that I am able to successfully insert some IVs without the need for guidance form my preceptor. Discharging patients is now something that I can do with ease. I am able to look at the medications prescribed and give the patients relevant information, like not to operate machinery when taking narcotics. I am also able to give them information on what to expect when they get home and when to come back to the emergency room. I do need to work on my role as a patient advocate and improve my critical thinking skills in some situations. With just a little more effort, practice, and time, I think I will be able to become a competent nurse.

Action Plan

The transition from a student nurse to a future nurse is a difficult one. I plan on better understanding my roles as a nurse and my duties to a patient. I have also come to understand that we do not have the ability to know everything. As a new nurse, I will constantly look for guidance from the more experienced nurses and from other member of the healthcare team on matters that I am unsure of. With more insight into patient care from different people, the less likely it will be that I or someone else might have missed something. I will constantly look for better ways of doing certain tasks, as well as what does the research say. Evidence practice is important in nursing and it is imperative that we use it when providing patient care, so that we provide the best care we can. This will help me in improving my critical thinking skills and encourage me to look at situations in different lights that I may not be used to. Overall, I know that it takes time and willingness to become a good nurse.

Part IV: Professional Issue

Situation

The situation in the emergency department can go from calm to hectic in a matter of moments. It is important to have proper staffing to ensure that when the situation gets hectic, there are enough personnel to provide proper care. The emergency department at Mercy Medical Center has a policy on assigning only three patients per nurse at maximum, but usually four patients are assigned. On one particular day, my preceptor and I were assigned five patients for a couple of hours. There was a huge influx of patients coming in and needing care, but not enough personnel to provide the care. To make matters worse, the floors had swelled up with patients and so patients could not be admitted at the appropriate time.

Action

With the lack of personal, there was not much my preceptor and I could do. We went and talked to the charge nurse and explained that while we understand that there were not enough personnel in the emergency department that day, there is an opportunity for error when providing care to that many patients, most of whom were acute. As well, since the floors had stopped admitting patients, we had to keep some patients longer than we were supposed to and still over watch and provide care to them. My preceptor and I tackled this situation by defining which patients were more acute and needed care faster and which were not as acute and might be able to wait for care. One patient was recovering from a binge drinking incident. His orders were mainly completed before I arrived and he was recovering during most of his stay in the emergency department. We were able to just watch over him and provide hourly rounding. This freed up some time to give the more acute patients the care that they needed.

Outcome

The outcome of this situation was good. My preceptor and I were able to provide safe and competent care to all of our patients. This situation was stressful though as we had a handful of acute type patients, who needed their orders completed as soon as possible. We were able to divide the task into what needed to be done at that very moment and what could wait to be done later. As well, other nurses on the floor helped where they could when they were not busy.

Reflection

Staffing is an important issue in the hospital. To provide safe care, there needs to be proper staffing. Without proper staffing there is room for error. Kane, Shamliyan, Mueller, Duval, & Wilt found that there was an association between registered nurses staff levels and patient outcomes (as cited in Ullrich, Lavandero, Woods, & Early, 2014). Aiken et al. also found that better staffing in combination with better work environments was associated with lower

hospital mortality (as cited in Ullrich, Lavandero, Woods, & Early, 2014). When there is not enough staff, nurses will try to complete orders as fast as possible, which will cause them to sometimes complete orders in an unsafe manner or they may miss something when completing an order. Ulrich et al. (2014) reported that task-oriented activities, like direct patient care, were completed more often than planning and critical thinking activities, like teaching and developing a care plan. When nurses are faced with improper staffing issues, they will perform the task-oriented tasks, but will put the critical thinking and planning activities on the sideline until they have time, which they may not. The patient is the one that loses in such a situation. Patient needs and nurse competencies must be effectively matched with staffing for safe patient care to be delivered (Ulrich et al., 2014).

Part V: Preceptor/ Student Evaluation

Evaluation form is attached as a separate file.

Part VI: Log of Clinical Hours

Log of clinical hours is attached as a separate file.

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