

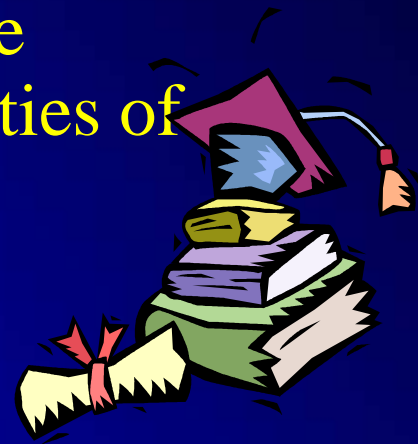
The Experience of planning patient care

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Background for study

- Personal background
- Practice experience: mental health nurse/manager
- Nurse teacher for four years
- Interest in evaluating theory taught in classroom in clinical setting
- Anecdotal evidence from student feedback indicated difference between aspects of the taught theory of nursing module, and realities of practice



Background for study

- Quantitative studies highlighted evidence of problems elicited from patient care plan audits
- Evidence of what is problematic in implementing nursing theory in practice...but not why these problems exist



Taught theory

- Students introduced to evidence based health care practices from semester 1 year 1
- Introduced to web searching and accessing relevant data bases to provide evidence
- Expected to show evidence of critical thinking to support assessments and evaluations



Nursing Theory Module

- Didactic lectures: Models of nursing, Nursing process
- Interactive group work: Philosophies of care
- Small group work: using scenarios to plan care, using care planning documentation available in clinical areas
- Journal clubs



Study

- Qualitative approach directed at understanding the experience of planning patient care in contemporary nursing practice: to discover the ‘why’
- Sample of 12 RPNs with five years post-registration experience: avoid bias of ‘ex-students’

Findings: Experience of 'reality'

- Clear knowledge of taught theory
- Emphasis on Assessment
- Initial planning based primarily on filling functional care needs
- Implementation: heavy physical work load/staff shortages
- Little evidence of evaluation of care

Experience of reality

- Documentation: difficult and time consuming
- Related to changes in:
medication/physical/functional status
- Accidents/incidents
- Awareness of litigation



Experience of reality

- Regular staff develop tacit knowledge of patients' care needs through the nurse-patient relationship
- Patient care needs often communicated verbally to unfamiliar staff
- Tacit knowledge primarily related to patients' psycho-social needs
- Psycho-social care valued by nurses, yet is often un-communicated



Lessons learnt

- Continuing evidence of theory-practice gap
- Value of tacit knowledge, promoted through sytem of reflection?
- Awareness of ‘socialisation’ process
- Need to avoid academic ‘Ivory towers’:
Clinical link role can foster communication between teachers, students and practitioners

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