

PICOT Assignment

Brianna Johnson

IM8

Topic

Perceptions of communication, collaboration, and teamwork during nurse surgeon bedside rounds: Rounding throughout the day with surgeons of various specialties posed a challenge to the nurse-surgeon bedside process. The most notable obstacles included multiple surgeons rounding at the same time and rounds conducted during nursing shift change.

PICOT Question

In hospitalized adults, how does interdisciplinary team rounding support positive patient outcomes when compared with independent rounding?

Summary

Interdisciplinary team rounding supports positive patient outcomes in that it helps promote patient centered care. According to the research provided by *The Journal of Patient Safety*, "It is believed that interdisciplinary bedside rounds (IBRs), where the patient's case is discussed at the bedside, are a possible method to improve patient centeredness as well as patient safety in hospitals." (Tine Heip, Ann Van Hecke, Simon Malfait, et al) Patient centeredness is improved when the patient is included in conversations about their own plan of care. When the patient is invited into these conversations, they are provided with the opportunity to advocate for themselves. When patients have the opportunity to advocate for themselves, it decreases the potential for any misunderstandings therefore improving overall patient safety. "Because of the communication of the care process at the bedside, the patient can participate, ask questions, or even correct false information." (Tine Heip, Ann Van Hecke, Simon Malfait, et al) When comparing interdisciplinary team rounding to independent rounding, interdisciplinary rounding is more effective when it comes to communication and care collaboration. According to the research provided by *The Journal of*

Patient Safety, “This contrasts with the current practice where the presentation of patients’ cases often takes place in conference rooms or hallways. However, research indicates that having multiple disciplines and professions, at least one nurse and physician, simultaneously at the bedside improves interprofessional communication and collaboration, coordination of care, and patient-centered shared decision-making.” (Tine Heip, Ann Van Hecke, Simon Malfait, et al) Having a team that communicates openly with each other and does their best to remain informed improves patient satisfaction and provides support to the patient who witnesses the teamwork. When compared to rounding independently and in private, interdisciplinary rounding has more benefits to the patient. “Furthermore, patients report higher levels of satisfaction, and there are indications that IBR could reduce hospitalization costs and decrease length of stay (LOS).” (Tine Heip, Ann Van Hecke, Simon Malfait, et al) In order for interdisciplinary rounding to be successful, teamwork must be valued by all members of a team. Physicians must be willing to collaborate with nurses and other members of the interdisciplinary team in order for this to be beneficial. Each member of the interdisciplinary team should feel that their opinion carries equal weight and that their voice is heard. According to the research provided by The Journal of Patient Safety, “IBR thrives best in a culture, which welcomes input from every multidisciplinary team member and patients in the decision-making process and which regards these as equal. Often, hierarchy negatively affects effective and safe communication. One common message minimizes confusion between doctors and nursing staff. This results in fewer phone calls between nurses and physicians, improves coordination of care and efficiency, and provides clarity to patient and family.” When a patient and their family know that their care team is collaborating without conflict and confusion, it increases trust and feelings of safety during their most vulnerable time. Although interdisciplinary rounding benefits patients, it also benefits the members of the team. When an interdisciplinary team unites, they are able to exchange knowledge and education with each other. According to the research provided by The Journal of Multidisciplinary Healthcare, “Ward rounds have been a pivotal part of traditional hospital life in the planning and delivery of patient care. Additionally, they provide a platform for health professionals to give and receive clinical education.” (Walton, V., Hogden, A., Long, J. C., Johnson, J. K., & Greenfield, D.) In independent rounding, knowledge is not shared amongst the different members of an interdisciplinary team therefore some things may be overlooked or not considered in the care of the patient. Every decision made by a member of a healthcare team, affects the patient. How the patient is affected by these decisions is important. Interdisciplinary rounding implements collaborative decision making in order to improve overall patient satisfaction. According to the research provided by The Journal of Patient Experience, “Many patients discussed what the IR meant to them and the way it made them feel. For many, being cared for and listened to was an immeasurable yet tangible feeling expressed. As 1 patient

described, “Appreciated the level of empathy/concern, interest for me. Feels as though we are both vested in each other. I hope the staff finds it rewarding like I do.” Another patient described, “They did not just talk but showed they cared. They were concerned about me.” (Burdick, K., Kara, A., Ebright, P., & Meek, J.) Ultimately, in healthcare, we strive for a positive a patient outcome and interdisciplinary rounding supports this outcome.

Conclusion

In conclusion, after reading about how interdisciplinary rounding affects patient outcomes, there are more benefits that result from this new patient centered way of care as opposed to how rounding was done in the past. “Interdisciplinary bedside round has potentially a positive influence on patient centeredness, quality of care, and team collaboration.” (Tine Heip, Ann Van Hecke, Simon Malfait, et al) Interdisciplinary rounding promotes patient centeredness and improves the quality of care provided to patients. Healthcare is constantly evolving and if removing the walls that once separated healthcare professionals and bringing them together in collaboration makes for a positive patient experience, then interdisciplinary rounding is better at supporting patient outcomes than independent rounding.

Work Cited

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