Enhancing Leadership and Clinical Assessment Skills Through Peer Education at the Bedside

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Objectives

- Share the success of our project.
- Describe how we provided an opportunity for front line nurses to develop leadership, presentation, coaching and project management skills.
- Review project goals, plan, implementation and evaluation.
- Discuss project outcomes.
- Highlight lessons learned.
- Show excerpts of presentations.
Who Are We?

Élisabeth Bruyère Hospital (EBH)
Completed in 1845, this hospital originally opened as the Ottawa General Hospital. Today Élisabeth Bruyère Hospital offers the following programs and services.

Care of the Elderly and Rehabilitation -
Is Ottawa’s largest single site provider of in-patient rehabilitation, with 98 rehabilitation beds.

Palliative Care -Is home to Canada’s largest academic palliative care and end-of-life hospital unit with 36-beds. Is Ottawa’s only palliative care hospital unit also offering an out-patient service.

Élisabeth Bruyère Residence
Élisabeth Bruyère Residence is a bilingual, 71-bed long-term care home.
Who Are We?

Saint-Vincent Hospital (SVH) Founded in 1924, originally named Saint-Vincent House. In 1932 it was taken over by the Grey Nuns of the Cross and moved to the current Cambridge Street location. It now offers 350 Complex Continuing Care beds.

Saint-Louis Residence - Saint-Louis Residence (SLR) is a francophone long-term care home situated just east of Ottawa in Orleans. It is located in an enchanting setting on the banks of the Ottawa River. SLR has 198 long-term care beds and also offers a convalescent care program, with 12 beds.
Within our Autonomous-Collaborative Care Model:

- the Registered Practical Nurse (RPN) provides care to more stable patients with more predictable outcomes.
- The Registered Nurse (RN) is assigned to the most complex patient with the most unpredictable outcomes.
- All nurses must possess the ability and proficiency to conduct physical assessment and have current knowledge of the diseases seen in our patients.
ACC Model of Care

- RN
  - Complex Patients
- RPN
  - Predictable Patients
- RPN
  - Predictable Patients
- PCA
Learning Needs Assessment (Summer/Fall 2010): RPNs reported not feeling comfortable in conducting physical assessments.

A new form for documenting Admission head to toe physical assessments using a systems based approach had been implemented the previous year with RNs.

Recent change in the policy of when to use this form required that RPNs would need to be able to conduct and document their physical assessments.
Background (Cont’d)

• MOHLTC funding was acquired for Quality Nursing Environment – Quality Patient Care.

  – Applied in August 2011 and received notification of acceptance of our proposal in December 2011.
  – Monies needed to be spent by March 31, 2012.
Short Time Lines

“I thought you said he works well under pressure?”

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Project Goals

• Provide a leadership development opportunity for front-line nurses.

• Improve quality of patient care by enhancing nurses clinical skills to better complete accurate and thorough health assessments and;

• Enhance clinical knowledge related to identification of signs, symptoms and management of specific diseases common in our patient population.
Project Plan

• Four Peer Educators – 2 RNs and 2 RPNs positions posted at the end of December.
• Interview process included a short presentation from the candidate.
• Short turn around time from interview result to starting the project.
  – Peer Educators started January 9th.
Project Plan

• Development of presentations:
  – APNs developed nine 1 hour PowerPoint presentations along with pre & post multiple choice quizzes for each,
  – Co-Leads developed the 3 month schedule of presentations for the two hospital sites (EBH & SVH).
    • Larger hospital site (SVH) had two months of education and smaller (EBH) would have one month.
Project Plan

• Education Sessions;
  – Held three times a day: 0800, 1045, and 1415, Monday to Friday.
  – Collaborating with staffing office to replace the 4 peer educators as well as 6 staff daily to replace nurses to attend the sessions.
  – APNs, nurse education specialists, and peer educators taught the sessions.
Project Plan

• Practical Application:
  – One on one return demonstrations of head to toe physical assessment.
  – All nurses who attended the physical assessment presentation and all RNs were expected to do a return demo on how to perform and document a physical assessment.
  – APNs, nurse education specialists, and peer educators conducted the return demonstrations.
Peer Educator Preparation

• First week:
  – Initially completed Meyers Briggs Inventory and their needs assessments and personal goals identification.
  – Received education on:
    • Communication skills.
    • Dealing with conflict / difficult situations.
    • Adult learning principles.
    • Coaching skills.
    • Using PowerPoint.
Peer Educator Preparation

• Week two:
  – Viewed physical assessment presentation,
  – Practiced presenting the physical assessment session to each other,
  – Evaluated on their presentation skills,
  – Practiced doing a physical assessment,
  – Evaluated on their physical assessment skills,
  – Practiced coaching for return demos,
  – Evaluated on their coaching skills.
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DO YOU GET THE FEELING WE'RE BEING WATCHED?
Peer Educator Preparation

• Week three and onwards;
  – Gave presentations on physical assessment.
  – Actual coaching sessions and observing nurses on return physical assessment demos.
  – Used a standardized evaluation tool for observing nurses’ performance and used this to provide feedback to nurses.
  – Each peer educator selected two topics in order to develop expertise and comfort in the delivery of the presentations.
Total of 9 Presentations:

1. Physical assessment.
2. Neuro-Degenerative diseases (MS, ALS, Parkinson’s).
3. Cardiovascular diseases (CHF, ACS, MI).
4. Respiratory diseases (COPD, pneumonia).
5. CVA and Delirium.
6. Renal disease (ESRD, UTI).
7. Diabetes.
8. Integumentary.
Standardized Presentation Format

• Format:
  – Definition of disease,
  – Clinical manifestations,
  – Patient assessment based upon systems involved,
  – Nursing Management/Interventions,
  – Case study with SBAR.

• Co-leads reviewed all presentation to ensure consistency.
Implementation

- Total number of classes delivered: 180
  - EBH: 60
  - SVH: 120
- These were deemed mandatory sessions based on replacements.
### Participants

<table>
<thead>
<tr>
<th>RN Attendance</th>
<th>RPN Attendance</th>
<th>Total Attendance</th>
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<tbody>
<tr>
<td>448</td>
<td>527</td>
<td>1015</td>
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- **NB** There were 251 nurses who attended at least one session while many attended more than one.
A total of 231 return demonstrations of physical assessments were done. Nurses who scored below 80% were asked to do a second demonstration. Fifteen percent (30) of the 231 demonstrations were a repeat demonstration.
An overwhelming number of staff rated all sessions as very positive.
Peer Self Evaluations

• Post self evaluations showed improvements in the following areas:
  – Presentation skills,
  – Coaching skills,
  – Performing a physical assessment.

• Peers indicated that they met all their personal goals by the end of the project
Observer Evaluation

• All peer educators were assessed by the same observer on their coaching skills and presentation skills, both at the beginning and end of the project.

• All scored higher at the end of the project with three out of the four scoring in the 90%. 
Lessons Learned

• Staff replacement was key for attendance.
• Clinical manager support was required to ensure that assigned staff attended.
• Having all other education on hold focused all efforts on this initiative.
• Theory and practicum enhanced performance.
• Allowed front line nurses to rise to their potential.
• Required much upfront work (and time) for project implementation.
“FRANKLIN, YOU NEED TO PUT MORE LIFE INTO YOUR PRESENTATIONS!”
Adventitious Sounds

Wheezes:

High Pitched: musical squeaking sound that predominates expiration but may occur in both expiration and inspiration (COPD, asthma, emphysema)

Low Pitched: musical, snoring, moaning sounds. They are heard throughout the cycle but more prominent on expiration. May clear somewhat by coughing (Bronchitis)
Mrs. Bean is a 50 year old diabetic patient admitted with a stage 3 coccyx wound. She is lethargic and complaining of feeling cold. Her temperature is 38.5, her B/P is 90/60 and she reports back pain.

What system(s) should you assess???
What do you think is happening?
What it revealed

**Neuro:** Lethargic.

**Cardiovascular:** Decreased B/P.

**Respiratory:** Normal.

**Peripheral Vascular:** Normal.

**GI:** Normal.

**GU:** When asked reports pain upon voiding, urgency, frequency and foul urine.

**Musculoskeletal:** Weakness.

**Endocrine:** Febrile, ac meal blood sugar ↑ from 10 to 20.

**Integumentary:** Wound healing well.
Diabetic Food Replacement

• Clinical Care Policy 27.
  – Monitor carbohydrate intake (meals and snacks).
  – If 3/4 or more of a carbohydrate food item (meals and snacks) is not eaten, the pt is to be provided with a replacement carbohydrate and encouraged to eat it.
  – If pt does not eat this replacement, monitor for hypoglycemia.
  – Consider consulting dietician if this occurs frequently.
Future Plans

• Delivering education to other shifts.
• Developing into e learning modules.
• Long term evaluation:
  – Is the physical assessment policy being followed?
  – Are nurses using the form correctly?
  – Has communication about assessment findings improved?
Acknowledgements

Peer Educators

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Questions
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