* Objectives

- Describe a process for developing a nursing education offering using a grand rounds format.
- Show how adult learning principles are used to provide active learning in a grand rounds format.
- Observe an actual case study as presented at nursing grand rounds.
- Discuss actual and potential outcomes from the nursing grand rounds.

* Authors Conflicts of Interest

A. Susan E. White: no conflict of interest
B. Jane Cook: no conflict of interest
C. Jennifer Granger: no conflict of interest
Largest health system between Los Angeles and San Francisco

Annually:
- 18,000 admissions
- 69,000 ED visits
- 2,300 live births

Demographically diverse community!

510-bed acute care teaching hospital
Level 2 trauma center for adults and children

Maternal-child oncology, neurology, cardiac/vascular surgery
TJIC Hip and Knee Center
Cottage Children’s Hospital
Eye Center
Cottage Rehabilitation Center
Psychiatric and CD programs
Co-chaired by Nursing and Medicine (Anesthesiology)

• Primarily in OR
• Interventional

Palliative Care Consultation Service
• “Curbside” consultation for complex pain patients

Pain Resource Nurse Program
• Unit RN as resource and change agent

* Pain Management at Cottage

Nursing Orientation
• PCA/CADD pump operation (online module)
• Pain scales and documentation
• New graduate nurse presentation

Pain Resource Nurse Program
• Since 2009
• Annual course
• 126 have attended
• Bimonthly meetings

* Nursing Education

Noon Conference:
Various physician speakers/presentations

M&M Conference

Bedside Rounding
(AKA: Do what the attending tells you to do)

See one
Do one
Teach one

* Physician Education
Patient Education

Medical & Surgical Residency Program

- Limited number of Clinical Nurse Specialists
- New nurses & nursing students
- Limited opportunities for active learning
- Lack of knowledge and experience
- No "Pain Service"

Gap Analysis

- No "Pain Service"
- Limited opportunities for active learning
- Lack of knowledge and experience
- New nurses & nursing students
- Limited number of Clinical Nurse Specialists

Patient Education
Provide a forum to discuss complex pain management cases
Provide an opportunity for clinical nurses to present a case study from their specialty population
Facilitate discussion of CHS pain management standards of care related to case study
Reinforce CHS standards of care and basic pain management principles
Identify and discuss individual and system barriers to effective pain management

*Goals of PMNGRs

*Approach to adult learning that emphasizes the process of learning
*Problem-based and collaborative
*Principles of Adult Learning
  * Adults are internally motivated and self-directed
  * Adults bring life experiences and knowledge to learning experiences
  * Adults are goal oriented
  * Adults are relevancy oriented
  * Adults are practical
  * Adult learners like to be respected

*Adult Learning Principles
* Formed a Team
  * Palliative Care Manager/Pain CNS
  * Clinical Educator
  * Clinical Resource Nurse

* Gained support of VP of Patient Services / Chief Nursing Officer
  * Quarterly PMNGR, 12:00 to 1:00 PM
  * Lunch provided
  * Contact Hour provided (on-line registration and evaluation)

* Support and Approval

* Finding Case Studies

* How to do a chart review
  * Relevant literature
  * Telling the story
  * Developing a power point presentation
  * Rehearsal
  * Show time!

* Mentoring Presenters
*Introductions and overview
*Case Study Presentation
*Adjunct presentation(s)
*Discussion
*Q&A

*Format

* PMNGR: Patient With Necrotizing Fasciitis and Resultant Skin Grafts

Jane Cook, RN, CMSRN
CNC, 3 Oak Park
Cottage Health System
June 24th, 2011

Patient with necrotizing fasciitis and resultant skin grafts
• Methadone
• Moral distress

*Case Presentation
Case Presentations

- Pain management challenges in complex trauma patient
- The nurse’s role in patient advocacy
- The mainstay of pain assessment is patient self report
- Acute Myelocytic Leukemia overview
- Physician perspective

Case Presentations

- Complex regional pain syndrome
- CRPS overview
- Healing touch

- C-section complication in a first-time mom
- Brainstorm patient problem list
- Discussion of continuity of care

Case Presentations

- Persistent abdominal pain post bariatric surgery
- Pathophysiology of abdominal pain
- Ketamine
*Listen to your patient.
*The persistence of the staff nurse to advocate for his/her patient.
*Stand up for our patients whose needs and concerns are being ignored.
*Better understanding of what can be done for pain control in difficult situations.
*Pain control is achievable.
*The importance of effective nurse to nurse shift report.
*Better team collaboration and planning for long term patients.

*Take-Aways*

*Front line nursing involvement - he/she can relate to what we do*
*Case study format*
*That it was a nursing situation presented by a nurse*
*Role modeling of compassionate patient advocacy*
*Organization of presentation (facts, analysis, discussion)*
*It was a patient on my unit*
*Discussion of how patient could have been better managed*
*The case study and ensuing discussion were eye opening*
*New meds and new info about types of pain a patient can experience*

*What they liked*
"One-dimensional PowerPoint
* Devolved into “doctor bashing”
* More vegetarian lunch choices
* Room too small
* Too much medical detail
* It could have been longer
* It was a bit too long
* Presentation lacked flow
* Not enough discussion time

*What they didn’t like

* Moral Distress groups developed on clinical units
* Identified benefit of participation in interdisciplinary family meetings
* Identified openness to consultation across nursing specialties
* “Negative Nancy” became “Positive Peggy”!

*Clinical Outcomes

*Patient Satisfaction

SBCH Press Ganey Percentile Rankings
How well was your pain controlled?
2011 84th %ile
2012 Jan-Jun 97th %ile

SBCH HCAHPS Percentile Rankings
domain: Pain Management
How often was your pain well controlled?
How often did the hospital staff do everything they could to help you with your pain?

2012 2013
Pain Management Nursing Grand Rounds (PMNGR) is a successful method to engage clinical bedside nurses in a collaborative discussion of pain management that is relevant, practical, and respectful of their knowledge.

PMNGR provides the opportunity to reinforce basic principles of pain management, learn some advanced pain management principles, identify individual and system barriers, and find ways to overcome those barriers.

In Summary

References


Thank you for your interest!

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