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Team Nursing approach learning package

Professional Practice



**Team Nursing Approach Learning**

**Package**

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**1: Team Nursing and Keys to Success**

During times of pandemic, nursing teams may be required to work differently than their typical function. You may be asked to work in a different area, patient population, clinical setting, and team. These changes require nurses to be practicing as reflective practitioners who are consistently demonstrating self-assessment of their nursing knowledge, skill, and judgement, and collaborating with other members of the nursing and healthcare team to ensure that the patients’ essential needs are met.

To succeed in this approach, a team approach to nursing care can be employed to create nursing teams that work collaboratively to meet patient needs. In this model, patients are assigned to nursing staff in pairs/groups and nurses work collaboratively to divide essential patient care needs amongst themselves based on their self-assessment of competencies.

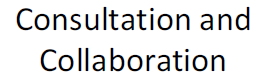
In team nursing, each of the following are essential to success:

1. Your self-assessment of nursing practice: nurses must continually evaluate, and re-evaluate their nursing knowledge, skill and judgement, to identify the nursing care they are competent to provide. Nurses are required to identify areas where they have not achieved competency, and seek out learning opportunities or consultation with a competent team member. *Section 2 of this package will address self-assessment.*
2. Effective communication: The team needs to continually evaluate and prioritize essential patient care needs, and match those care needs with the most appropriate provider. This requires the team to have communication skills and established communication channels to work successfully as a team.
3. Role clarity: every member of the team must have a clear understanding of their current role, and when their role or responsibilities change, adapting to meet the patient care needs in response to different team members’ abilities.
4. Mutual trust: team members must trust one another to collaborate in a safe and effective way
5. Creativity, curiosity, and commitment: nurses must be open to creative problem solving, and timely feedback from other team members about team functioning. The team must commit to continual improvement of the team’s practice

**2: STEGH’s Team Nursing Model**

On 2 Main, AMU 4 & 5 teams will consist of:

* 1 RN
* 1 RPN
* 1 PSW







**Medication Nurse**

**X12-14 Team of Patients**

Within this team one of the nurses will be assigned “Medication Nurse”, they will be responsible for dispensing routine time medications.

The second nurse will assist the PSW with vital signs and AM/PM care. They will also be responsible for wound care and other nursing tasks.

**3: Self-Assessment of Nursing Practice**

Self-assessment is a self-directed process by which nurses evaluate their nursing knowledge, skill, and judgement in relation to the patient care needs of the population they are serving. This self-assessment is driven by the following factors:

1. Scope of Practice: Nurses are accountable to practicing within the scope of practice as outlined by the College of Nurses of Ontario relative to their designation.
2. Policies and Guidelines: Nurses must practice within appropriate policy and guideline requirements relative to the care they are providing. If these are inhibiting the team’s function, it is essential that leadership is engaged in decision making.
3. Your nursing knowledge, skill, and judgement: A nurses’ individual scope depends on a number of factors including the practice context, availability of support, their prior learning and experience, and their current knowledge, skill, and judgement. Nurses’ are accountable for reflecting on these various factors and making decisions about their ability to perform skills safely.

See the following [CNO Resource](https://www.cno.org/en/learn-about-standards-guidelines/educational-tools/ask-practice/understanding-your-scope-of-practice/) if you need support to reflect on your scope of practice.

This self-assessment must be done on an ongoing basis as patient care needs, practice settings, and teams change. As you continually assess your nursing practice, you are accountable to identifying areas where you require learning, or support to meet the patient care needs you are assigned.

**4: RN and RPN Practice**

This is guided by the College of Nurses of Ontario’s [Three Factor Framework](https://www.cno.org/globalassets/docs/prac/41062.pdf).

This framework guides our decision making around matching the most appropriate provider to the patient care needs, and creating structures to support nurses to care for patients safely. Nurses must consider client, nurse, and environment factors to make these decisions.

The following principles guide nurses’ practice expectations and are the basis for decision-making when working within the intra-professional team:

• The goal of professional practice is to obtain the best possible outcome for clients.

• RNs and RPNs study from the same body of nursing knowledge. RNs study for a longer period of time, allowing for greater foundational knowledge in clinical practice, decision-making, critical thinking, leadership, research utilization and resource management. As a result of these differences, the level of autonomous practice of RNs differs from that of RPNs.

• The complexity of a client’s condition influences the nursing knowledge required to provide the level of care the client needs. A more complex client situation and less stable environment create an increased need for consultation and/or the need for an RN to provide the full range of care requirements.

• Respecting and understanding the expectations and contributions of the health care team facilitates appropriate utilization of nurses, enhances collaboration and leads to improved client outcomes.

You can review scenarios that apply to the three factor framework [here.](http://www.cno.org/en/learn-about-standards-guidelines/magazines-newsletters/the-standard/february-2019/RPNs-and-RNs-How-to-determine-who-provides-patient-care/)

**5: Essential Patient Needs**

During times of crisis, it is necessary to think differently about our patient's needs. Nurses will be required to prioritize their patients’ needs and assign/collaborate with interprofessional teams in different ways. This section will provide you with some guiding principles to prioritize and triage your patient needs, and ensure team members are doing work that is most appropriate for their scope.

1. Identifying Patient Needs

* Nurses must assess their assigned patients and identify the needs that the patient has that are required to be met throughout their assigned shift
* The patient needs may be identified from a number of sources:

i. Head to toe assessment to identify the systems that require monitoring and intervention, consider the patients mind, body, and spirit

ii. Review patient’s orders identifying medications, treatments, and interventions that are ordered for the patient

iii. Review care plan for the patient

iv. Patient’s goals: discussion with patients about their goals or identified needs

v. Communication from nursing team which may include shift report, or documentation

* Nurses will identify needs as they arise throughout their assigned shift, and will require ongoing assessment and evaluation

1. Prioritizing Patient Needs

• When you have identified a patient need, nurses need to prioritize and triage these needs to identify the timeliness of this need

• When prioritizing needs, nurses must consider the outcomes of meeting, or not meeting each care need. If not meeting a patient’s care need would lead to a negative outcome, this need may be prioritized higher than a care need that if not met does not lead to a negative outcome.

• The following guiding principles may help you to prioritize/triage needs:

1. ABCs: patient’s needs related to airway, breathing, and circulation are most acute and essential for life sustaining
2. Focused systems assessments, monitoring and intervention: consider what systems are impacted by the patient’s condition/diagnoses, what frequency is required for interventions, what is the acuity of the condition—go back to the three-factor framework of complexity, predictability, and the risk of negative outcomes associated
3. Medications: consider the medications that the patient is prescribed, the purpose of these medications, and the time sensitivity of their administration. Some medications may be highly time sensitive and should be prioritized for administration on time, others may be appropriate to shift administration time
4. Safety: identifying patient needs related to maintaining patient safety remain essential, considering level observation, or transfer support required to prevent falls
5. Point of Care testing: consider the results of the point of care testing will inform your interventions, if the results are not necessary to guide medication administration there may be opportunity to reduce the frequency
6. Intake and Output monitoring: consider how the GI/GU system are involved in the patient’s presentation and how the results will guide your interventions
7. Documentation: the need to document your assessments and interventions remains essential to ensure meeting college requirements and facilitating communication amongst the team

* Prioritizing and triaging patient care needs challenges our critical thinking. Nurses must re-evaluate their prioritization on an ongoing basis as the patient, and environment change. Work together with your nursing team to prioritize and triage needs throughout your shift.
* Acknowledge that in a time of crisis, we may be required to do our work differently, and may not be able to offer the full services we are accustomed to offering

1. Collaboration with the Interprofessional Team

• In order to meet the patient needs in an efficient way, it is essential that the nurse work in an optimized scope of practice, this means that the nurse focuses primarily on assessments and interventions that fall *only* in the nurse’s personal scope of practice

• This may require assignment to UCPs, or collaboration with other regulated health

**6: Assignment to Other Care Providers**

For success in a team approach, nurses must assign and delegate appropriately and efficiently in order to meet the patient care needs.

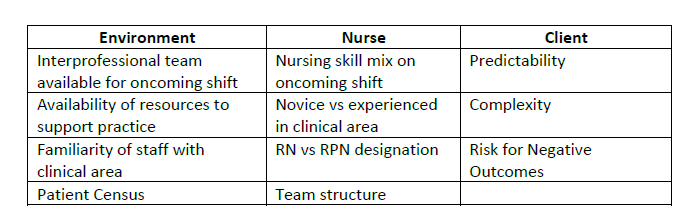
The CRN will make the shift assignment using the principles of the Three Factor Framework. The assigned nurse must evaluate what the patient care needs are on an ongoing basis. If the patient care needs:

1. Exceed the nurse’s competence—the nurse must seek consultation/collaboration with the RN/more expert RN for teaching, coaching, or transfer of (aspect of) care
2. Can be met by the unregulated care provider—the nurse may consider assigning that care need to the unregulated care provider. The nurse is accountable for be aware of and discuss the competency of the unregulated care providers in the team to ensure that assignment is appropriate. Review the guideline for assignment to unregulated care providers.
3. Can be met by another regulated care provider—the nurse may consider collaborating with other regulated care providers on the team to discuss opportunity for them to assist in meeting care needs that fall within their scope of practice.

**7: Resources for CRNs**

Assignment—Utilize the Patient Assignment Sheet for Team Nursing

* 1. • Assignment is completed by outgoing CRN
* Seek information about patient status and needs from other members of the nursing team to inform decision making
* Consider all of the following when developing the assignment for the oncoming shift



* Assignment is reviewed with oncoming CRN, transfer essential information about the patient population
* Assignment reviewed with oncoming team, transfer of information between assigned nurses occurs
  1. • CRN holds a safety huddle with the team, identify any key concerns, adjust assignment as necessary

\*\*Consider necessity to arrange regular safety huddles with the team throughout the shift to support team function\*\*

7. **Case Scenarios**

These case scenarios were adapted from pandemic materials from the CNO. Review these scenarios as an opportunity to consolidate the information from this package and apply to a clinical scenario.

Scenarios

* transfer of aspect of care to the RN
* assignment of care to a RHP

**Scenario #1 – Discerning Essential Patient Care Needs**

Over the past three weeks, a pandemic has had an enormous impact on the in-patient unit where Cindy, an RN, works. Recently, the unit became dedicated to clients with influenza. Today, due to staffing challenges, and Cindy has been assigned four clients on top of her usual client load. She also has the time-consuming task of putting on personal protective equipment with every client contact.

At the beginning of the shift, Cindy assesses her clients and takes their vital signs. For the remainder of the shift, though, Cindy assesses that she will not be able to provide all the patient care for every patient on her assignment. There isn’t time to assist the clients with daily hygiene tasks. Cindy also can’t administer all of the clients’ medications within the required timeframe. She attempts to meet each client’s emotional needs but can only stop to speak with those who ask to talk to her. Cindy is concerned that she’s not meeting the College’s expectations during a pandemic.

**Response**

During a pandemic, nurses need to use critical thinking to establish priorities that protect the client and add value to client outcomes*—use the Essential Patient Needs section to guide your thinking*. Cindy could collaborate with her team members to prioritize the clients’ care needs and eliminate any non-critical care activities; for example, they could reduce the frequency of taking the vital signs of certain clients. Cindy can evaluate the medications that are ordered for her patients, and identify which are essential to be administered at a specific time frame (ie short acting insulin). She may collaborate with the nursing team to discern, and make a plan for these essential medications to be administered in a timely way.

Cindy can collaborate with the team to identify if there are care needs that can be assigned to an unregulated care providers; for example, the UCP may be assigned to assist with daily hygiene tasks, or assist with vital signs. Cindy will discuss with the UCP on her unit which patient’s care needs are being assigned. Cindy must discuss with the UCP whether the UCP is competent to provide this care, and provide education/training as needed. When transferring monitoring activities (like vital signs) to a UCP, Cindy also must discuss with the UCP the expected findings of the monitoring, and identify findings that the UCP would need to notify her of. Together, Cindy and the UCP should determine a plan to check in and re-evaluate the patient’s needs throughout the shift. These decisions need to be communicated through documentation that reflects the assessment, intervention and client outcomes.

Cindy is concerned that she can’t meet all of her clients’ emotional needs. A nurse establishes and

maintains the therapeutic nurse-client relationship through the use of professional nursing knowledge, skill, and caring attitudes and behaviours. During the initial introduction, it is important for the nurse to inform the client of the general composition of the health care team. At this initial meeting, Cindy could also indicate to the client that his or her essential care requirements will be met. In collaboration with the client, Cindy could outline what the client’s essential care needs are and inform the client of the expert resources available to meet his or her particular needs.

Sharing this information with the client helps place the therapeutic nurse-client relationship in the context of the current environment. The nurse meets the *Therapeutic Nurse-Client Relationship, Revised 2006* practice standard by actively including the client as a partner in the care. The nurse further meets the standard by discussing expectations with the client and informing the client of what will be done to meet critical needs given the available resources.

Cindy has responded to those clients who have asked to speak with her. Cindy could collaborate with the health care team regarding her concern about ensuring that all of her clients’ emotional needs are met. Through advocacy and collaboration, the team could develop a supportive infrastructure of pastoral care workers, psychologists, psychiatrists and/or palliative care workers to provide a consultative/referral resource to assess/meet the clients’ psychosocial and emotional needs. During a pandemic, nurses need to be leaders in influencing organizational decisions to ensure the most efficient use of the health care team to meet client care requirements.

**Scenario #2—Working in a Dyad Team with a Nurse Novice to the Clinical Area**

In the inpatient unit, there have been nurses deployed from other clinical areas to assist with staffing. Jennifer, a nurse who is experienced on the inpatient unit, is working with Phil, a nurse who has been deployed to the unit from mental health who is a novice to this inpatient unit. Jennifer and Phil each have their own patient assignments. Jennifer is partnered with Phil in a dyad team to support patient care. Phil is concerned about his ability to provide care to the patients on his assignment because he is unfamiliar with the patient population on the unit.

**Response**

Jennifer and Phil must discuss their patient assignments at the start of the shift after receiving shift report from the outgoing nurses. It may be helpful to Jennifer and Phil to receive shift report on all the patients on both of their assignments if possible, to help them understand the patient’s needs. Phil must self-assess his personal nursing scope of practice as it relates to the patient needs on his assignment. He must identify to Jennifer which patient needs fall within his scope of practice, and which do not. For patient needs for which Phil does not have the knowledge, skill, and judgement to meet, Jennifer and Phil must collaborate to determine an appropriate plan.

For some needs, Jennifer and Phil may determine that Phil can be provided with education and training in the moment to build competence. For example—a patient on Phil’s assignment requires incentive spirometry TID. Jennifer may assist Phil in accessing a resource online (try Elsevier Clinical Skills!) about incentive spirometry to review before the first treatment is required. Jennifer and Phil can review the skill together, and Phil might observe Jennifer administer the treatment the first time. With subsequent treatment, Jennifer may supervise Phil and provide in the moment teaching and feedback. Through ongoing collaboration and feedback, Phil and Jennifer can determine when Phil has developed competency to perform the skill independently.

For other needs, Jennifer and Phil may determine that transferring aspects of care would best support their practice. For example—Phil is assigned to a patient who is known to exhibit responsive behaviours during their morning ADL routine. Since Jennifer is trained in GPA, she may be the most suitable care provider to safely meet this patient’s needs during morning ADLs. Jennifer and Phil may decide to transfer the care of this patient to Jennifer’s assignment, and transfer a different patient to Phil, or may decide to transfer only this aspect of care to Jennifer, and Phil can provide morning ADLs to a more appropriate patient on Jennifer’s caseload.

Together, Jennifer and Phil will consult and collaborate throughout the shift to re-evaluate the patient’s needs and determine a plan to safely provide this care. The nurses should make every effort to provide in the moment learning opportunities to build competence in the novice nurse where appropriate. If Phil identifies a patient need that is outside of his scope, that is also outside of Jennifer’s scope, Jennifer and Phil may consult and collaborate with the in-charge RN, or another nursing colleague to determine a plan to meet those needs.

**References:**

St Joseph’s Heath Care London, Team Nursing Approach Learning Package

CNO: Understanding your scope of practice

<https://www.cno.org/en/learn-about-standards-guidelines/educational-tools/ask-practice/understanding-your-scope-of-practice/>

CNO: Three Factor Framework

<https://www.cno.org/globalassets/docs/prac/41062.pdf>