My Day Shadowing a Nurse: Learning About Teamwork in Health Care

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Abstract

Effective communication between health professionals is necessary for the delivery of quality patient care. However, a lack of understanding of the roles, responsibilities, and skills of other team members can be an obstacle to effective communication. Nurse shadowing is an excellent way for physicians to learn firsthand about a nurse’s workday and gain valuable insights into the importance of accurate, complete, and respectful communication within health care teams.

Effective communication between health care professionals is necessary for the delivery of quality patient care and has been shown to be associated with greater job satisfaction. However, a lack of understanding of the roles, responsibilities, and skills of other team members can interfere with effective communication. I had heard about programs in which physicians spend the day with a nurse to learn what a nurse’s day is like firsthand. The expectation is that such real-time observation will lead to improved physician-nurse communication and improved team functioning. As the associate chief medical officer of a large urban hospital, I decided to undertake this learning experience myself, not just for my own edification but to assess whether the experience would be valuable for training other physicians. Working with our nurse managers, who are co-leaders of our general medicine quality improvement team, it was arranged for me to spend 5 hours shadowing a nurse on one of our medical surgical units.

I arrived on the floor at 7 AM and met the nurse I was assigned to shadow. Pat has been a nurse on the unit for 10 years, is recognized as a friend and mentor to our house staff, and has received recognition from her peers for excellent patient service. Pat was assigned 3 patients: a 54-year-old man with chronic lung disease and pneumonia, an 84-year-old woman admitted with lower gastrointestinal bleeding, and a 68-year-old man with congestive heart failure. The shift started with all 4 nurses on the floor listening to a tape-recorded report from care providers from the previous shift on the history of the patients, what happened over the last shift, and what needed to be done over the next shift. Focused and useful information to be sure, but it was far from a complete set of data. Pat and I then made rounds to assess our 3 patients and introduce ourselves for the shift.

The activity on the floor was nonstop and rapid-fire. One patient required an emergency on-floor intubation and transfer to the intensive care unit due to a new stroke and progressive respiratory insufficiency. Bioengineering had to be called 3 times about a malfunctioning patient monitor. Three patients required discharge activities. Medication orders had to be reviewed and administered—for our 3 patients, 2 orders were unclear and 2 were for doses that were inconsistent with the patient’s self-reported doses. Respiratory therapists had to be called to supply equipment. Physical therapists came by to see patients and provide the nurses with updates. Family members of patients were calling to check on their loved ones. Physicians were on the floor caring for patients and interacting with the nurses. Many members of the care team acted hurried and impatient, and there were constant interruptions.

During the busy shift, I noticed that Pat took the time to sit down and talk with her patients. Pat was an empathetic communicator and active listener and learned things about her patients that they might not have shared with other care providers. In the course of her conversation with a diabetic patient, Pat learned that his outpatient insulin dose did not correspond with the dose ordered by the physician, and she informed the physician of the discrepancy. She learned that the patient with GI bleeding needed assistance at home and could not leave the hospital until after family members finished work at 5:30 PM. Although the physicians had written a discharge order, they did not know how or when the patient could get home.

I also noticed how helpful it was when there was collaborative communication between physicians and nurses. When physicians and nurses worked together on a plan, physicians benefited from the nurse’s assessment and received more complete information about the patient’s daily activities, responses to medications, and home and family situations.

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Nurses received more complete information as well, including information about tests, treatment, and possible responses to treatment. Well-informed nurses are able to accurately communicate the care plan to patients and their family and provide clear information about what they can expect. Direct face-to-face communication is more helpful than e-mail or progress notes written in the chart because it gives communicators the opportunity to clarify misunderstandings and confirm what has been agreed to. As reflected in the aviation industry, it is essential that all team members involved know the plan, have direct verbal communication, and continuously update all team members of any changes in plans for any reason.

The writing of orders is another area where direct verbal communication between physicians and nurses improves patient care and professional satisfaction. Even with the use of a computerized order entry system (in use in our hospital since 1993), orders can be unclear. One physician during our shift wrote her orders and then came to talk with Pat about each one. They discussed doses, timeline, and risks. Pat had all her questions answered in about 30 seconds. We knew that we would not have to call this physician back, and that we could talk with the patient and family about the plan and it would correspond with what the doctor said—an example of synchronized, comprehensive, clear communication that had real benefits for all.

Another thing that was clear from my time on the floor with nurses is the need for respectful communication. When team members were treated with respect, care went more smoothly. If physicians were rushed or interrupted the nurses, there was incomplete information exchanged, which led to care problems.

It goes without saying that effectively functioning hospital systems and equipment are critical. Clinicians must have the proper tools to provide excellent patient care. In addition to the broken monitor, sometimes a nurse needed a computer but all 6 computer stations were being used by others.

My day with the nurses was an invaluable learning experience. Although I was already well aware of the importance of good communication and teamwork in providing excellent patient care, this real-time shadowing and observation brought these lessons home. Shadowing a nurse for a shift is a way to gain valuable insights into the work and communication necessary to care for our patients. I strongly suggest this as a learning experience for all medical trainees.