

46TH GLOBAL NURSING & HEALTHCARE

October 15-16, 2018 | Las Vegas, USA

Interdisciplinary rounding teams and patients

Brenda Evans and Sherron Franks-Meeks
Texas Tech University, USA

Statement of the Problem: Patients and families have limited understanding of healthcare and disease management. Health literacy is challenging, especially during illness. A structured communication format is critical to complex information delivery. Interdisciplinary health care teams struggle to engage patients/families during care planning daily rounds' discussion(s), leading to comprehension gaps in health management plans, particularly at discharge.

Purpose: Improve patient engagement with the interdisciplinary team by using the S.O.A.P. (subjective, objective, assessment, planning) communication format.

Methodology & Theoretical Orientation: The interdisciplinary team includes, (required) the physician provider, primary care nurse, pharmacist, and (potential) respiratory therapist and, or, rehabilitation personnel. The S.O.A.P. dialogue incorporated open ending questions to generate a discussion about patients' perception(s), feeling(s), understanding, and concern(s). The group shared objective data specific to the patient. The provider completed an assessment of the patient. Next, a summary shared with treatment option(s). The patient, a member of the team, is expected to contribute equally. Finally, a treatment plan for 'next steps' implemented at the end of the rounding event. A Paper Survey, documenting the use of S.O.A.P. format during each patient round. The team measured the team's perception of patient engagement in percentages from 0% (not engaged) to 100% (fully engaged). Other comments and feedback related to the patient rounds documented in the survey.

Findings: A Chi-square for independence indicated no significant association between engagement percentages and gender, χ^2 (4, N=180, = 0.109, p = 0.308).

Conclusion & Significance: S.O.A.P. communication format for structured communication enhanced the team's ability to engage in active dialogue with patients and families. The interaction resulted in an improved mutual understanding of shared information. The patient moves from recipient of health management to a patient-centered approach to health management.

brenda.evans@midlandhealth.org

Notes: