

Bone Marrow Transplant Teaching Rounds: Promoting Excellence in Nursing Care

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Today's healthcare environment has had a significant impact on nurses and nursing care across the country. In recent years, our institution has undergone several changes in patient care delivery models. These changes resulted in RNs being assigned tasks such as electrocardiograms, respiratory treatments, and peripheral blood draws that historically had been performed by other healthcare workers. Simultaneously, the focus of orientation was more on learning tasks and less on learning bone marrow transplant (BMT) nursing care and procedures.

In the fall of 1998, the management team, consisting of a unit manager, a clinical manager, and a BMT clinical nurse specialist (CNS), reassessed the basic transplant knowledge of RNs on the BMT unit. The team felt that patient outcomes could be improved by promoting critical thinking among the staff nurses. They concluded that an effective way to encourage the use of critical thinking was to implement weekly nursing rounds (Alfaro-LeFevre, 1999).

According to Moore and Parker (1992), critical thinking is the ability to deliberately, consciously, and carefully analyze an issue or situation and determine whether there is enough information to make a decision. A sound theory base and the ability to apply that theory in clinical practice are necessary to enable nurses to think critically. Because a number of the nurses on the unit did not have a sufficient BMT knowledge base, their ability to make important clinical decisions sometimes was hampered. In addition to improving knowledge base, rounds also enabled facilitators to model critical thinking behaviors for the staff. During discussions about current clinical problems, facilitators queried nurses about appropriate interventions. For example, when discussing a patient with febrile neutropenia, we were able to utilize theory about the importance of prompt intervention in the BMT patient population together with the clinical picture and determine whether the nursing interventions were appropriate. Clinical rounds provided a basis to assess the current knowledge level of the staff and also pro-

vided a forum for discussion on how to build upon that base to improve nursing care.

Weekly BMT nursing rounds were initiated in October 1998. Prior to initiating rounds, each RN received information outlining the process. Rounds were discussed in staff meetings so the nurses would understand the rationale for incorporating them. Each RN was expected to present one patient per week. Presentations were to include the patient's diagnosis, the conditioning regimen, type of transplant, day in the transplant process, and any current problems or transplant complications. The management team facilitated rounds.

The clinical manager or the BMT CNS selected patients to be presented. The nurses were not told in advance which of their patients had been selected. Rounds were designed to be an informal discussion outside the patient's room. The medical record and bedside clipboard were used to facilitate the discussions.

Initially, the quality of the presentations was highly variable. Some of the more experienced nurses were able to provide a relatively succinct yet comprehensive presentation. The newer nurses clearly were more uncomfortable with the process. Following the presentation, nurses were prompted to provide any information that was omitted. The clinical manager or the BMT CNS asked the nurses a variety of questions that were designed to assess their knowledge and provide an opportunity for teaching. Questions included common side effects of the conditioning regimen, anticipated time to engraftment, potential transplant-related complications, disease pathophysiology, and management of current problems.

Staff members' initial response was less than enthusiastic. Some of them were eager to participate and viewed rounds as an opportunity to learn. Others suddenly would become quite busy and often gave excuses such as, "I've never had this patient before." Somewhat surprisingly, those who were hesitant to participate were a mixture of new and experienced RNs. The facilitators worked diligently to promote rounds as a positive experience

and an opportunity for professional growth. Participation in rounds was not optional. On occasion, when the unit was particularly busy or the acuity high, the facilitators would decide to skip rounds with a particular RN. However, the RN could not decline. Nurses who were hesitant to participate were cajoled gently by the facilitators and their peers. Peer pressure and support for rounds by the RNs who understood the purpose and rationale were essential in encouraging all RNs to participate. Because patient care was a priority, the facilitators did accommodate the RNs' need to give medications or complete tasks.

As rounds progressed, a majority of the staff provided positive feedback. The quality of the presentations improved, and nurses demonstrated a broader transplant knowledge base. Nurses began to work more closely and comfortably with other team members. They were more comfortable with initiating consultations with physical therapy, the enterostomal therapy (ET) nurse, the social worker, and the dietician. Nurses exhibited increased self-confidence in interactions with physicians, physician assistants, and nurse practitioners.

Some of the other positive results of incorporating clinical rounds included improved documentation and clinical outcomes. In addition, as a result of information gleaned during rounds, the orientation process for new nurses was revised as were programs designed for staff development.

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