

# 2019 Macrotrends in Nursing: Learning from the Past Strengthens the Future

[VIDEO TRANSCRIPT]

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Hello, I'm Doctor Anne Dabrow Woods, Chief Nurse of Wolters Kluwer, Health Learning Research and Practice and this is "From the Desk of the Chief Nurse". We're talking about macro trends in Nursing and joining me today is Dr. Karen Innocent who is the Executive Director of Continuing Education here at Wolters Kluwer. Karen thanks so much for joining me today. My pleasure. So we're gonna be talking a little bit today about some of the things we've learned from the past in nursing and then how healthcare is really changing and how this change is going to make how we access resources differently than ever before. So we have to go back to the beginning with Florence Nightingale. So you remember in the 1850s she was called to go to Crimea where soldiers were fighting the war weren't dying of their war wounds but they were dying of an infection and she was the first nurse to use the principles of Epidemiology to actually change practice and change the way they were doing things. I think when we look at Nursing in the past and where we've gotten to today, talk to me a little bit about some of the changes you've seen and have heard about over the past years in nursing. For example, when I first became a nurse in the early 90s I know that there were practices that we did such as inserting NG tubes and checking placement by inserting a bolus of air and listening to the to see if we hear any lung sounds or sounds in the lungs, things like that, and these changes have come about through research and have really changed practice today. Absolutely you know we look at how nursing has evolved, a lot of the evolution has taken place through a lot of the wars that we've been involved in where nurses really had to step up their scope of practice and really kind of go beyond what they've done ever done before to practice that the full scope of their practiced. A that's where we saw a lot of advances you know what

you were saying about the NG tube, I remember, you know I work in critical care and back when I first became a nurse we were putting saline down into tracheal tubes and what we found was that we were drowning people. It really didn't help them. So that was a huge practice change that we actually fixed based on the fact that we were able to put evidence into practice. So things have really changed and we really have no boundaries. I mean you look at our scope of practice, and you and I are both advanced practice nurses, talk to me a little bit about how using the evolution of nurses going from their bachelor's all the way up to the doctoral degree. Well I think that's very important for nurses to pursue lifelong learning particularly because our careers should advance as our profession advances and as our healthcare field advances as there's more research that comes out gradually we all need to stay up-to-date with those changes. And for me I started as an associate degree nurse, so with that associate degree I had what was needed at the basic level to practice as a registered nurse but I really couldn't take it to a point where I could implement evidence-based practice. I needed to go back to school and learn nursing theory and learn all of the pieces to understand research and how it improves our practice. So I went back for a bachelor's degree and then followed that and went into advanced practice and got a master's degree and many years later when the opportunity came about to go back to school for a Doctor of Nursing Practice, as an advanced practice nurse I really saw the importance of having that additional degree because it changed. In a period of about 20 years, it changed from the importance of the advanced practice nurse being able to practice and have the clinical skills we really needed to advance our knowledge and be able to influence policy, influence the protocols, and make decisions that would change practice and improve health. So we couldn't do that without going back to school for that doctoral degree. Yeah, I absolutely agree with you. I think that when you look back even 20 years ago, we didn't have the DNP degree and now we do and now we have a need to have a nice balance between the DNP people as well as the PhD prepare nurses because not only do we need the DNP whether their expertise is around implementing evidence into practice, we also need the PhDs to do a lot of that

original research as well. So we do know that healthcare is really changing so quickly and our biggest challenge today for healthcare professionals like ourselves as well as healthcare institutions is really to provide that evidence-based, cost-effective, quality care that'll improve the practice and improve patient outcomes. That's really a struggle for us in this day and age so talk to me a little bit about why you see that as a struggle and what's what we're up against. This really is a challenge for all of us to just keep pace with the speed of the new information that comes out about eight to nine percent grows every year and the number of articles that come out and no one can keep up with that pace you know regardless of how dedicated you are as a professional you really can't read 20,000 articles in a year, it's just not possible. So how do we keep up with that? It's like we really do need to rely on the systematic reviews and our consensus statements and we need to rely on having information condensed in a way that we can all digest it and use it in our practice. Absolutely, you know there's a 17 year lag right now between getting research into practice and one of the things that you know I've talked a lot about is the importance of having information right where you need it, where it matters most. So at point of care we need information that's very bulleted, so it's quick access, we can read it quickly, and then implement it into practice. And you know in the healthcare setting today and especially in academia in practice we need to learn new skills to become competent. So we have this whole new thing called simulation that has been put in place and I know you're doing a lot of work around simulation can you talk to us a little bit about that, where simulation is going to teach us to be better clinicians? Well we are challenged to actually get the information to nurses in a way that they can digest it and actually translate it into practice. So it is important for us to educate people and meet them where they are and our challenge is the clinical content alone and the written materials alone don't do the job of teaching nurses actually how to practice competently. So we need to give nurses practice and they need to have repetition and simulation provides them with an opportunity of testing and repeating some skills in a safe environment where they're not putting patients at risk or they can be away from the bedside and

practice those skills. And some of the things that we're looking at are putting together the types of simulations in a virtual setting because we don't always have an opportunity to get into a skills lab or get into a room with a human patient simulator and all of the high-tech equipment that that brings along. So everyone may not have that as accessible to them. So the simulations that we're investigating involve someone using a computer module that allows them to walk through independently through simulations and practicing skills. So we've really seen how the resources that we have available to us today in nursing have quite changed. I think one of the other things it's really important is when we look at things here in the US we tend to take for granted that we can go to the grocery store and buy food or turn on the light switch and we have electricity or we have sanitation. And countries around the world don't all have that luxury. So I think that when we look at what resources are provided besides everything we just talked about, we need to think about the resources that each country has because that's going to help them determine their priorities that care. Now talk to me a little bit about here in the US, what do you see as some of the great resources that we have? Well we have resources from some of the medical technologies including the human patient simulators and computer-based training, all the way to having a low-tech type of training where we have skills labs and the ability of nurses to practice on mannequins. But there are you know areas where nurses don't always have that and some areas that are more remote rural areas or in areas like home care where nurses don't always have the resources to practice on high tech computer technology, they need to get access to sometimes lower tech technology for learning and providing healthcare and they may also need to use things that are more portable as well. Absolutely and even in practice what we have today or is you know access to the latest medications and the greatest advances but there's still countries out there that don't have access to all those things. And the other thing I think is really fascinating is we're really starting to see the shift from the disease episodic model of care where you only go see your healthcare professional

when you're sick to moving into this whole state of wellness and one of the things that we're really seeing is that people are looking at the social determinants of health, meaning you know we need to look at people's communities where they come from, their family resources, so talk to me a little bit about that and why that's so important to help improve patient care. Well in nursing I've always been taught that it's very important to look at all of the influencers to health. You know the health belief model is a very important piece of my nursing background and so it is important to understand someone's economics status, their ethnic background, their gender, the area where they live, their occupation. There's so many things that go into influencing their health and their ability to access healthcare. So you and I both agree that you know when we look at taking care of patients for instance if you have someone who's smoking and we teach them all about stopping smoking but yet they go home and the whole family smokes and the community smokes, they're not going to stop smoking. So until we start really looking at managing the care in the community, things really aren't going to improve and that's where we see organizations really shifting. That they have to be more invested in caring for the community in which they sit and not just focus on the individual patient. And then only then are we gonna really be able to get to a state of wellness when the health care organizations, the care professionals, really work hand-in-hand with the patients and the community, then we'll see a change in health care practice. How do you feel about that? Yes I think that that really speaks to population health and the health systems really do need to focus on the care of the populations that they serve not just individual patients because the communities around those health systems may result in things like secondhand smoke there, you're not going to get an improved outcome for a patient who may have a lung disease because everyone around them is smoking even if they were to quit smoking themselves. So that's absolutely important to address the needs of the entire community. Absolutely so I think today we've really discussed the importance of looking at our past in nursing, it's really taught us quite a bit about where we need to go with the profession, but then really looking at the resources that are

available to help us move forward in our practice, but also move forward in our communities and address the needs in population health. Karen I want to thank you for being with me here today and this is Dr. Anne Woods, "From the Desk of the Chief Nurse". Thank you.

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