

PEER TO PEER EDUCATION: OB VISITS THE ED

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Ongoing education, an ever-present challenge in a hectic clinical environment, can be addressed by utilizing peer-to-peer education. Enhancing nurses' comfort level with specialty topics can reduce anxiety while enhancing core knowledge and skill proficiency for the provision of safe care. Increased self-confidence in a nurse's ability to detect a new or

developing concern can lead to fewer delays in care. Critical problems identified and addressed promptly support better outcomes.

Key words: Peer education; Nursing education; Interdisciplinary communication

At any moment, obstetric patients may arrive at an emergency department with a broad assortment of presenting symptoms. Lack of comfort in assessing pregnant ED patients can lead to delays in identifying problems and initiating care. Ongoing staff education may not address this topic well or frequently enough, contributing to the potential for delays or error in care.

An ongoing obstacle in any department is the formidable task of delivering continuing evidence-based education for best practices. Busy clinical environments are not conducive to many methods of knowledge sharing, and providing education before or after shifts may capture only the persons able or willing to stay. Although Web-based education can reach more nurses, it does not provide an opportunity for interaction. A professional meeting can reach a larger audience, but it may not be specific to an individual facility's needs. In addition, different nurses learn best through multiple means. In our experience, when in-service sessions were offered in a nearby conference room, they were poorly attended because of the time commitment required for a standard lecture, the staff's inability to leave the bedside, and the conflict of attending an education session during an unpaid meal break. Our peer-to-peer education program tested a new model for delivering obstetrical education in the emergency department.

In a teaching, suburban, level I trauma center with more than 115,000 ED visits and 7000 deliveries per year, our solution was to continue to make use of peer-to-peer education but redesign the format to fit a busy emergency department. These teaching sessions needed to be succinct, packed with usable information (not unlike a conference "fast-track session"), and available to staff working in a fast-paced setting. The solution was the development of "Core Tours"—brief talks of 10 to 15 minutes' duration—presented at each of 5 ED "core" nursing stations. Core Tours were readily accessible to staff between their many bedside tasks and served as a practical platform to enhance emergency nurses' familiarity with pregnancy and its related conditions. The goal was to expand knowledge, reduce anxiety, improve communication, and develop proficiency in providing care to obstetric patients presenting to the emergency department for care. Diminished fear and buoyed confidence for the bedside clinician would lead to fewer delays in detecting a concern. As a result, the ED nurse would address problems promptly, thus providing a better outcome for the mother and baby, as well as enhanced communication and collaborative care with the Labor & Delivery (L&D) department.¹ All ED staff were invited to participate in the Core Tours, including nurses, nurse externs, clerks, patient care technicians, paramedics, pharmacists, resident and attending physicians, physician assistants, and students. Staff of associated departments, such as ultrasound and radiology, were also invited.

In the wake of a hospital-wide initiative encouraging professional development, the ED educator/advance practice nurse reached out to a nurse from L&D who specialized in high-risk obstetrics. Collaboration between the emergency department and L&D would be advantageous for both specialties.² The L&D nurse had previously provided education to both ground and flight transport teams and was seen as a positive role model and a nonthreatening resource for information valuable to ED staff.³ Additionally, she was willing to come to the emergency department

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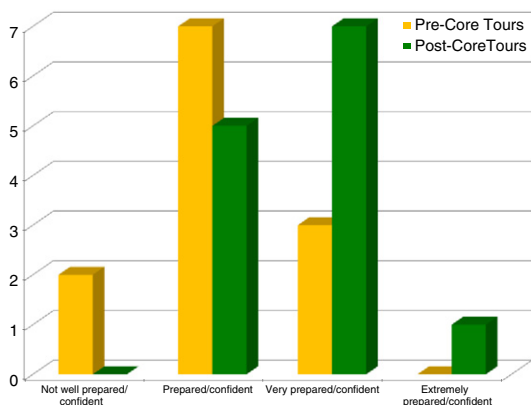
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and work within the time and space available. Education delivered by an “informal leader” is well received, because the visiting nurse is often perceived to be a trustworthy expert wishing to share knowledge.⁴ Imparting wisdom through an informal network is an equally effective tool. Nurses are able to capitalize upon personal relationships in obtaining the information required for optimum patient care. In the health care business environment, drawing from in-house expertise is a savvy maneuver.²

The L&D nurse accepted the offer to present the Core Tours, which would include streamlined education to fit a 15-minute time slot and mobile settings. Core Tours were designed around a series of four 15-minute presentations on obstetrics. Topics included maternal-fetal physiology, preeclampsia/HELLP syndrome, pharmacology for obstetrics patients, and impending/precipitous birth. Full-length lectures that had previously been provided to ground and flight crews were adapted to the new forum. Whereas the physiology presentation was a straightforward lecture with time for questions, both the preeclampsia and pharmacology presentations were case-based. The birth presentation included a simulated birth demonstration with props.

Core Tours were well received and attended. Usually 5 to 7 staff participated in each Core Tour session. A follow-up survey was distributed to ED staff 3 months after the 4 Core Tours had concluded. The 13 nurses who completed the posteducation survey agreed that Core Tours were an effective method of providing in-service sessions to staff in a busy, unpredictable environment (Figure). They expressed an increased comfort level in caring for obstetric patients, especially those presenting at the ED triage desk.



FIGURE

Survey findings of ED staff comfort with provision of obstetrics care before and after obstetrics Core Tours (n = 13).

All staff expressed appreciation for both the acknowledgment that they were too busy to break away from patient care and the tidy package of information that was directly delivered to their geographic area of the department. The L&D nurse received an opportunity not only to develop her education skills but to exhibit them in a novel setting.⁵

An unanticipated effect related to obstetrics visiting the emergency department was the improvement of relationships between the 2 domains. Historically, the 2 departments have often been at odds, particularly during interactions related to disposition and transfer,⁶ which is interesting, because both departments attract similar nursing personalities and have similar work patterns and cultures. Becoming acquainted with peers in other departments can counteract negative perceptions, increase respect, and enhance patient safety.^{3,7} After the “Core Tour” series launch, staff recognized and favorably perceived the L&D nurse, often greeting her upon her arrival in the emergency department by asking, “What did you come to teach us today?”

The greatest challenge moving forward is maintaining the knowledge gained.⁸ Most survey respondents reported that they believe quarterly education would be required to maintain obstetrics competency. Annual training for maintenance of infrequent skills when combined with concurrent high-fidelity simulation training is recommended. Additionally, ongoing nursing leadership support is a requirement for the continued success of this project. Budgetary allowances for education are a necessary part of any manager’s annual plan, specifically when competency limits risk exposure. As part of the evaluations, staff were asked to submit topics of interest for the next “OB visits the ED” Core Tour series. Other avenues to explore might be a review of the obstetric problems that present most commonly in the emergency department and targeting Core Tours toward interprofessional groups, rather than primarily toward nurses.^{3,8}

Because ED nurses are required to be knowledgeable about many facets of care, the Core Tours have been repeated at the recently opened freestanding emergency department as an optional part of the monthly staff meeting, attended by nurses, patient care technicians, respiratory staff, and clerks. The topics have been expanded beyond basics to include hyperemesis, both physical and psychological care of women experiencing early pregnancy loss, care of the pregnant trauma patient, birth complications (eg, a prolapsed umbilical cord, shoulder dystocia, and breech presentation), and postpartum emergencies (eg, hemorrhage, cardiomyopathy, and pulmonary embolus). By expanding the time and material to 30 minutes, the sessions are also eligible for continuing nursing education (CNE)

time, another draw to encourage attendance. To make the sessions more accessible to all shifts, plans are in place to record the sessions so all the staff have the ability to learn at convenient times. These recordings will also be eligible for CNE.

Peer-to-peer education is an effective solution to staff concerns related to their ability to provide competent care. Use of informal leaders—expert nurses respected by their peers—is an innovative method for dissemination of valued knowledge. Peers can be one of the most valued sources of knowledge, because they understand nursing practice and are nonthreatening.⁹ Regular, frequent Core Tour education sessions are appreciated by clinicians, because they address the challenge of providing evidence-based knowledge in a high-volume setting with limited time options interspersed in between patient care. An informal evaluation by several of the nurses included the comment that obstetrics education “helps me to sort sick from not sick... but I still have to go home and change my pants after one of these events,” validating both the nurses’ discomfort with and desire for this education topic. Integrating multimodal learning methods enhances retention and confidence,¹⁰ and this method of learning in the midst of the department allows for interprofessional education as well. Ongoing educational opportunities improve proficiency in correctly triaging pregnant women and improve the nurse’s ability to detect conditions at presentation and as they evolve during an ED stay. Additionally, greater knowledge increases the likelihood of evidence-based, safe care delivery to the maternal-fetal dyad, improving outcomes for the mother and infant.

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