

# The Nurse Attending Role: An Innovative Nursing Role for Improving Communication, Collaboration, and Patient Satisfaction on Medical Units

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**C**ollaborative interprofessional teams are crucial in today's complex healthcare environment to ensure high-quality care, patient and staff satisfaction, and patient safety (Morley & Cashell, 2017). An aging population, financial constraints, and the increasing burden of chronic diseases continue to challenge healthcare systems worldwide (Singh, 2015). According to the U.S. Census Bureau (2017), 15.2% of the U.S. population is currently age 65 and over, growing from 35 million in 2000 to 49.2 million in 2016. In 2012, one in two older adults had one chronic disease, and one in four had two or more chronic diseases (Centers for Disease Control and Prevention, 2017). Older adults with chronic comorbidities require complex care. Interprofessional teamwork and collaboration are key to managing the care challenges in acute care settings and in care transitions.

Reconfiguring the healthcare workforce and training clinicians in team-based care are essential to meet the needs of a healthcare delivery system that is changing rapidly (Fraher, 2017). Increasing interest exists in transforming the health system with interprofessional education (IPE), collaborative practice, and team-based education

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(Brandt, 2015). In response to local and global health system needs, the World Health Organization (2010) developed a global framework for action on IPE and proposed collaborative practice to prepare a workforce that can strengthen health systems and improve outcomes (see Figure 1).

Redesigning workforce training in a fragmented health system is

increasingly necessary. Multiple studies, including those published by the Institute of Medicine (IOM, 2015), the Josiah Macy Foundation (Cox & Naylor, 2013), and the Interprofessional Education Collaborative Expert Panel (2011), have called for reforms to align education and practice. In response to these calls, many healthcare professions adapted IPE into their curricu-

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### Literature Summary

- Healthcare systems are challenged worldwide with an aging population, financial constraints, and increasing burden of chronic diseases (Singh, 2015).
- Reconfiguring the healthcare workforce is essential to meet the needs of a healthcare delivery system that is changing rapidly (Ricketts & Fraher, 2013).
- Increasing interest has been expressed in transforming the health system with interprofessional education (IPE), collaborative practice, and team-based education (Brandt, 2015).
- World Health Organization (2010) developed the global framework for action on IPE and proposed a collaborative practice model.
- Based on recommendations, many healthcare professions have adapted IPE into their curricula (Cox & Naylor, 2013; Institute of Medicine [IOM], 2015).
- Aligning IPE education to clinical practice is necessary (IOM, 2015).

### Quality Indicator & Data Collection Methods

- Patient satisfaction scores on the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) were among the metrics used to assess project success. Two categories measured are Nurse Communication and Provider Communication.
- The Attitudes Towards Interdisciplinary Teams survey was completed with nurses and nursing students on the units before the Nurse Attending project; at 3 months and 6 months after project implementation, interns, residents, and Attending Physicians were surveyed at the end of their team rotations.
- Student reflections also were used to evaluate the project.

### Clinical Setting/Patient Population

Two medical units (36 beds) in a teaching hospital

### Program Objectives

- The nurse communication scores on HCAHPS show a trend in improvement for all three nurse communication questions assessing courtesy and respect, listening, and nurses explaining things on the pilot units.
- The ongoing evaluation of The Attitudes Towards Interdisciplinary Teams survey and longitudinal survey indicates positive results.
- Reflections and post-experience journals show the Nurse Attending had substantial impact on patient care management, patient-nurse relationship, and clinical learning.

als in the assessment and management of patients.

The purpose of this project was to implement IPE and collaborative practice, facilitate team communication, improve patient safety and satisfaction, and improve overall patient outcomes. The Nurse Attending and Attending Physician worked collaboratively to practice patient-centered care and supervise learning. Nursing and medical students were co-learners on the team and learned with, from, and about each other.

### Project Site and Reason for Change

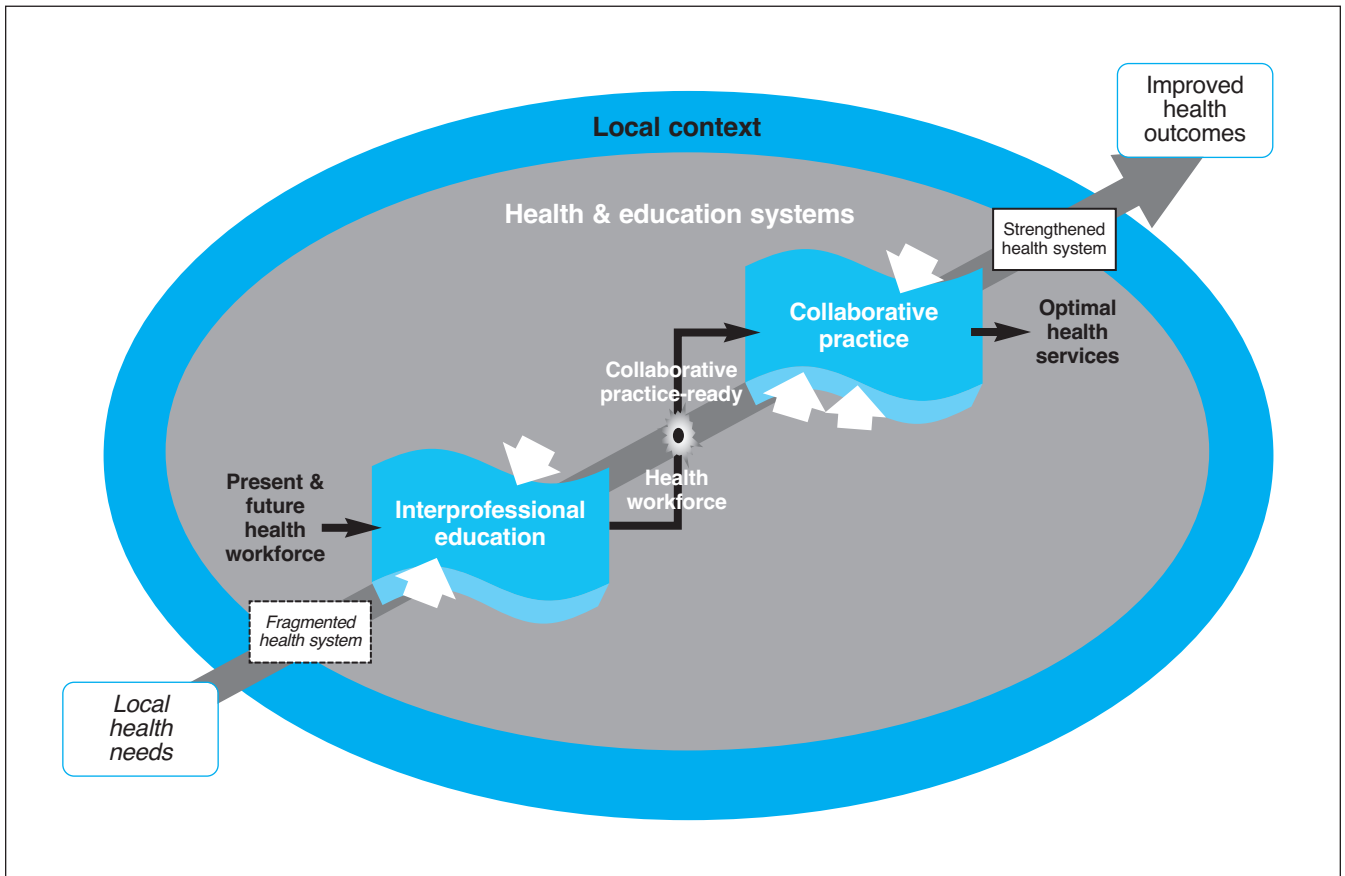
This pilot was implemented with a medical team caring for patients located mainly on two medical units in a teaching hospital. However, patients could be placed anywhere in the hospital based on bed availability. Five medical teams worked on the units, including four house staff teams and one hospitalist group, and learners from the medical schools rotated through the team every 2 weeks. Each medical team consisted of two interns, two residents, two 4th year medical students, and an Attending Physician. The nurse-patient ratio for these two medical units was 1:6 on weekends and nights, and 1:5 on weekdays. Of the nursing staff, 69% ( $n=55$ ) on both units were new graduate nurses during this period; 75% of the nurses ( $n=60$ ) had less than 3 years of nursing experience. Nursing students from four local nursing education programs were also on the units for their medical and surgical clinical learning experiences. The average length of stay for patients was 3-4 days. In clinical environments such as this, communication, collaboration, and patient safety are challenging. It is imperative for clinicians from each healthcare profession to avoid working in silos. These challenges may not be unique to this particular hospital but may instead be representative of most academic institutions.

la (Cox & Naylor, 2013; IOM, 2015). While most IPE programs appear to be focused on classroom or simulation activities, they have not yet implemented interprofessional education competencies into clinical practice.

To integrate IPE into the clinical practice setting, healthcare leaders from Johns Hopkins School of Nursing and Johns Hopkins School of Medicine, in partnership with Johns Hopkins Bayview Medical

Center Nursing Department, implemented an innovative nursing role: a Nurse Attending who has worked in this role for the last 1.5 years on one of the medical teams. The Nurse Attending focuses on education, communication, collaboration, patient satisfaction, and staff satisfaction. The Nurse Attending and Attending Physician also work cooperatively to implement a collaborative practice model that involves multiple health profession-

**FIGURE 1.**  
**Action Framework on Interprofessional Education and Collaborative Practice**



Source: World Health Organization, 2010

## Program

A doctorally prepared clinical nurse specialist was assigned to perform the Nurse Attending role beginning in June 2016. The Nurse Attending was to round with the Attending Physician and the team daily to coordinate clinical care, with the focus on patient- and family-centered care, education, and interprofessional collaboration. The Nurse Attending facilitated communication between care teams by including individual clinical nurses in rounds, bringing the nursing perspective to the care team, addressing psychosocial issues, and getting a full picture of patient care. The Nurse Attending served as a facilitator for learning by capturing teachable moments for medical and nurs-

ing team members based on their learning needs. Patient safety issues also were addressed by identifying near misses and unsafe conditions, making recommendations for implementing patient safety measures and core measures such as sepsis, and decreasing pharmacological over-treatment.

The Nurse Attending helped with education and communication among care team members and worked to promote patient satisfaction by contributing to each patient's plan of care and treatment goals. In collaboration with the interprofessional team and the clinical nurse, the Nurse Attending assisted with promoting appropriate consultations and discharge planning. Patient- and family-centered needs were communicated

and addressed during rounds with each patient's clinical nurses participating and contributing to the interprofessional treatment plan. Patients and families also were educated, and the plan of care was updated consistently on the whiteboard in the patient's room.

## Evaluation and Action Plan

The nurse communication score on the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) was one of the metrics used to assess project success. HCAHPS scores for fiscal year 2018 showed a trend in improvement for all three nurse communication questions assessing courtesy and respect, listening, and nurses explaining things on the pilot units. Further

evaluation and outcome measurement of this project are ongoing using a mixed methodology. The Attitudes Towards Interdisciplinary Teams survey (Heinemann, Schmitt, Farrell, & Brallier, 1994) is being used to assess attitudes toward interprofessional healthcare teams and team approach. At the end of a 2-week rotation, interns, residents, Attending Physicians, and medical and nursing students are asked to complete the survey. A longitudinal survey is being conducted with nurses on both units at initiation, 3 months, and 6 months. Preliminary data indicate positive results.

### Results and Limitations

Reflections and post-experience journal entries from the learners revealed marked impact on patient care education, discharge planning, throughput, and nurse-physician relations and communication, and added value to their learning experience. Participating in rounds decreased the nursing time for unnecessary back-and-forth calls. Nurses on the units reported this role and this type of rounding empowered them, allowed them to advocate for their patients, and helped them feel they were part of the team. This new type of rounding gave a seat at the table for nurses to participate actively in planning and assessing their patients' care. According to a new graduate, "Interprofessional education is an idea that is often talked about in school, but it is always interesting to see how it is put into practice in the real world." These rounds also provided an opportunity for nurses to learn how to interact and collaborate with other healthcare professionals on a given issue.

Nurses were able to organize and plan their time better because they knew which patients were going for tests or going home each day. Nurses, especially new graduate nurses, also were able to learn about medical and nursing interventions, medications, and study results pertaining to patients for whom they were providing care. The Nurse Attending helped in identifying

important decisions, such as discontinuing medically unnecessary telemetry, catheters, and central lines that saved nursing time and led to improved patient care. The Nurse Attending encouraged new nurses to ask questions, share information about patient care, and discuss the plan of care. The role was implemented on only one house staff medical team. Expanding the role to other medical teams and sustaining the position are under discussion with the stakeholders.

### Lessons Learned/ Nursing Implications

The Nurse Attending can provide clinical expertise, coaching, and support for clinical nurses. The addition of this role, including role modeling, has resulted in clinical nurses taking a more proactive, confident, and informed role in day-to-day exchanges with the team. It also has increased nursing satisfaction, improved knowledge transfer, and enhanced dialogue across disciplines. This change process is expected to continue to boost overall communication among all members of the interprofessional team and ultimately improve patient outcomes. The Nurse Attending role helped in building team behaviors, creating less physician-centric attitudes, and fostering a culture of interprofessional learning and collaboration.

Accepting the Nurse Attending role in a physician-centered teaching team was a challenge in the beginning of the project implementation. Constant communication from the School of Medicine, support from physician leaders, and awareness of the impact of the role on patient care helped in slowly changing the attitude toward the role. The biggest challenge was adapting and communicating the new role to a team that changes every 2 weeks, and adjusting to the dynamics of each team based on the Attending Physician's teaching style and care management methods.

Qualifications and qualities of a nurse who undertakes the Nurse

Attending role are very important for the success of the program. A nurse who is prepared educationally at the master's or doctoral level with advanced clinical and teaching experience and has clinical excellence in adult medicine and leadership roles is an ideal candidate for the Nurse Attending position. Important personal qualities include a spirit of interprofessional education, the ability to solve problems and think creatively, flexibility, independence, assertiveness, and collaborative communication skills. These qualities help the Nurse Attending work collaboratively with the diverse interprofessional team. This recommended contemporary method for delivering quality care – a new way Johns Hopkins is helping to create – may become the standard for health care in every setting.

### Conclusion

The Nurse Attending role has helped to close the gap in communication between physicians and clinical nurses, and has improved education of novice nurses and other learners on the team. Fulmer and colleagues (2011) suggested having an experienced nurse attend rounds would contribute to improved patient care as he or she brings current literature to help newer nurses identify best practices. This role also helped physicians understand nursing practices, hospital protocols, and challenges nurses face at the bedside. The ability of the Nurse Attending to round at the bedside together with the Attending Physician and physician group created a positive environment for the entire team, including patients and families. [MSN](#)

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