

Welcome



EHR and Medication Administration: Why Nursing Knowledge Matters

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Looking Back and Moving Forward
Atlantic Nursing Informatics Conference

Nova Scotia Nursing Informatics Group – October 20th, 2015

Acknowledgement

My doctoral research was funded by a
Canadian Institutes of Health Research
Regional Partnerships –
New Brunswick Fellowship.

Agenda

- Research Purpose and Scope
- Qualitative Study: Narrative Inquiry
 - Data Collection
 - Participants
- Frames of Analysis
 - Thematic Analysis
 - **Co-Constructed Stories (Creative Non-Fictions)**
- Implications
- Recommendations

Research Purpose and Scope

- Social
- Practical
- Personal

(Clandinin, Pushor & Orr, 2007)

RESEARCH PURPOSE AND SCOPE: SOCIAL

Understanding local perspectives of registered nurses – this new knowledge may help us to determine why electronic health record (EHR) challenges exist. That is, to help us understand why some projects fail while others succeed.

Longitudinal and
comprehensive

Electronic Health Record (EHR)

Controls the access
and use of information

Health Information Access Layer (HIAL)

Access to clinical
decisions supports

**Point of Services Applications:
Clinical Information Systems**

EMR

EPR

Other

**Clinical
Documentation**

Order Entry

**Medication
Administration**

Research Purpose and Scope: Practical

- What is currently known about clinical information system implementations?
 - Patient safety
 - Efficiency
 - Prevailing practices

Research Purpose and Scope: Personal



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Narrative Inquiry: Methods

Data Collection

- Stage One: Focus groups
 - 12 participants
- Stage Two: Unstructured Interviews
 - 9 participants

Stage Two: Nine Participants

Frontline registered nurses

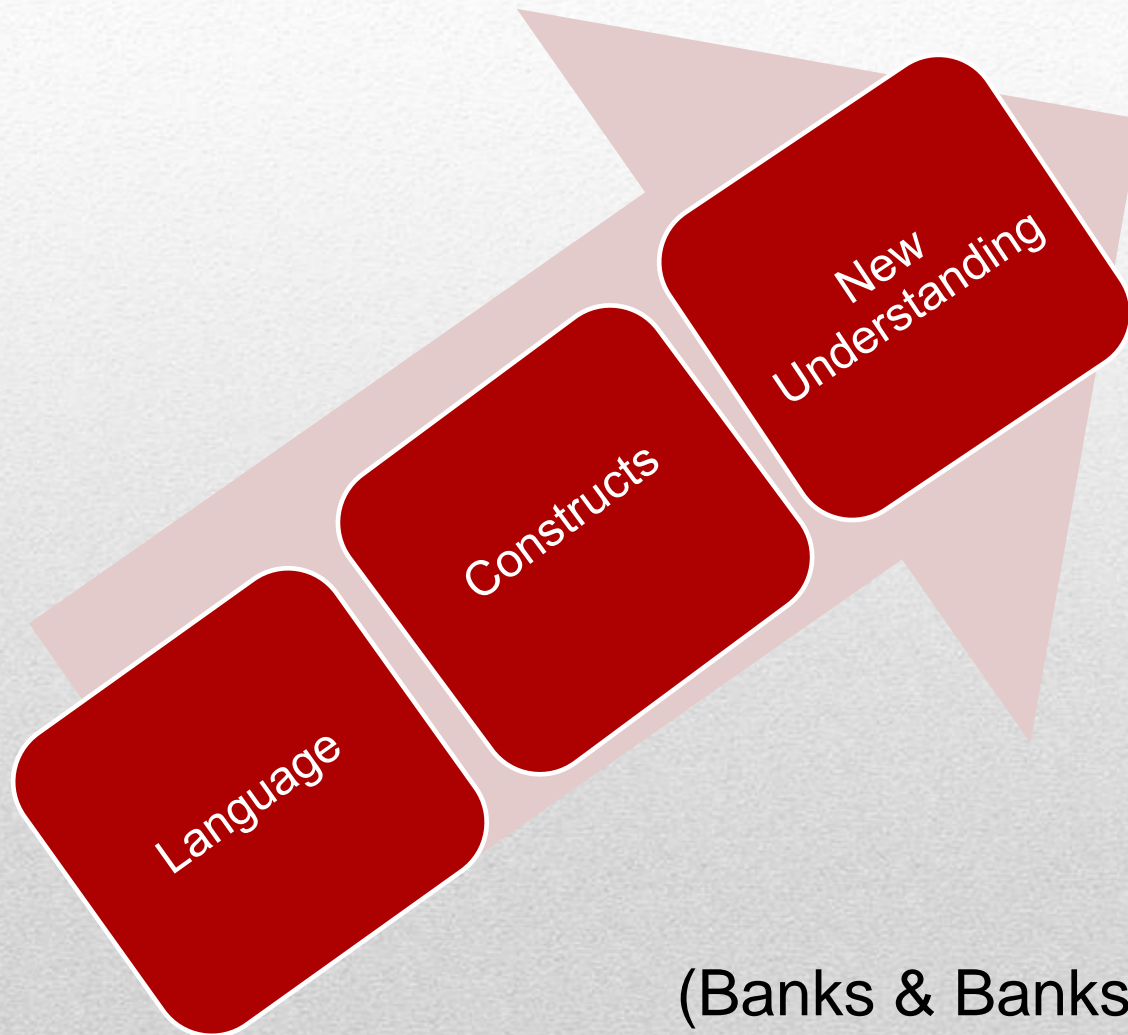
- 8 Female, 1 Male
- Age: Majority were 30-50 years
- 7 full-time nurses, 1 part-time, 1 casual
- Multiple units within a local hospital
- Nursing experience 3-36 years
- Majority of nurses used technology outside of the workplace

INVESTIGATIVE RESULTS



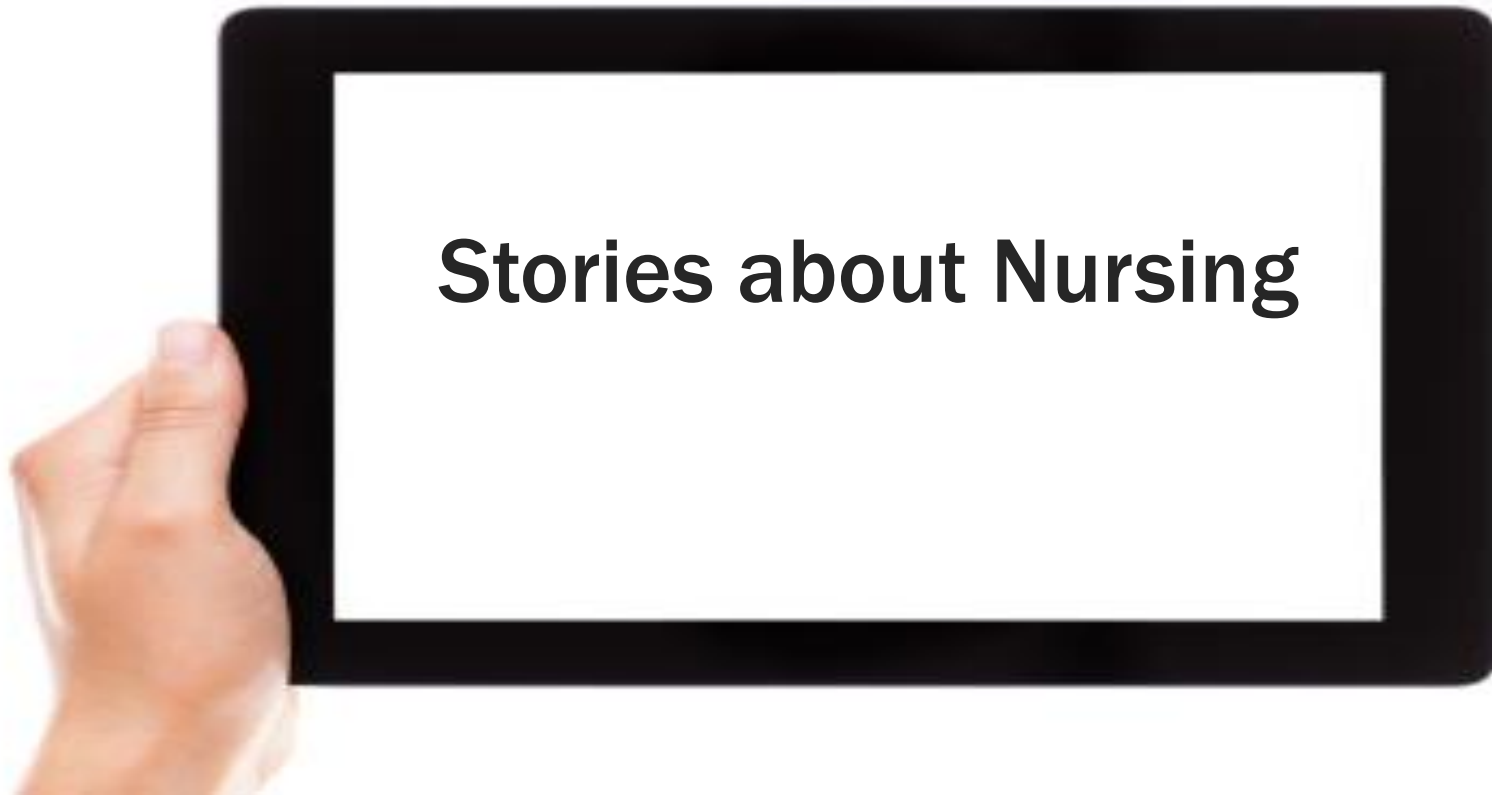
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Learning through Experience



(Banks & Banks, 1998)

Narrative Inquiry: Learning about Learning



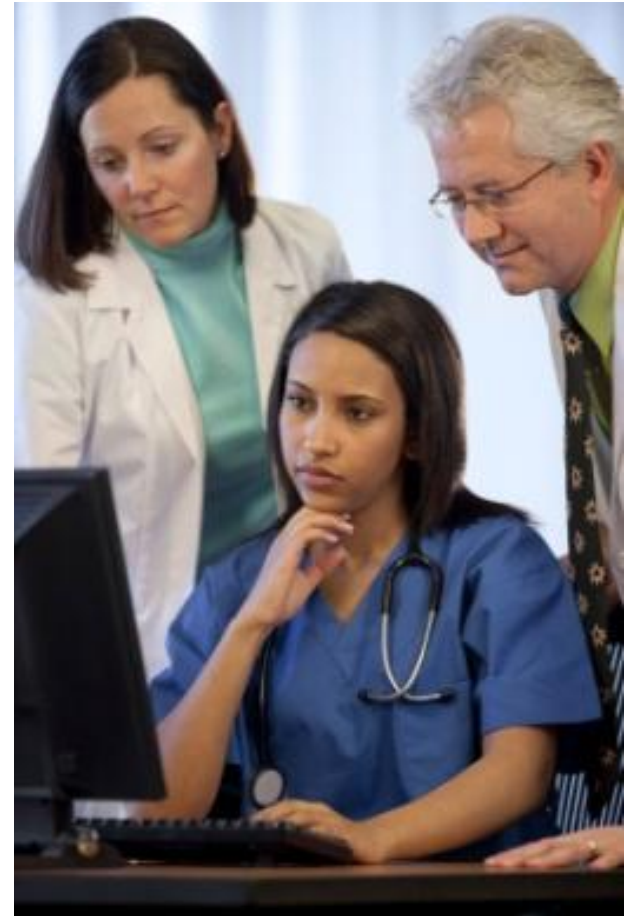
CO-CONSTRUCTED STORIES

- Let Me Tell You a Story about Nursing
- The Story of the Yellow Trough: I Remember the First Time I Saw It
- Learning Starts with What Nurses Do

A CO-CONSTRUCTED STORY

The Story of the Yellow Trough: I
Remember the First Time I Saw It

LET ME TELL YOU A STORY



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Themes

- Remembering What it Felt Like
- The Point when Learning Became Important
- The Messiness of Learning
- Technological Guru and Nurse Expert
- What is Nursing Competence?
- Learning to Get it Right
- Taking a Back Seat

Sub-themes

- Pedagogical Quandaries
- It Makes Me Feel Stupid
- We Stumble Across It
- When the EHR Takes Control
- There's No Time to Play with It

- Technological Guru and Nurse Expert
- What is Nursing Competence?
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Implications

- The essence of both computer and information literacy
- Learning within Local Communities of Practice
 - Informal and unstructured
 - Lack of evaluative processes
 - The essence of self-reflection
 - Trial and error approach
- Patient Safety

Status: intervals

- Learners (Personal)
- Educators (Practical)
- Organizational/Governing Bodies (Social)

Organizational Recommendation

Nurses should not be learning to conform to technology flaws but rather organizations should be responding to known usability problems. It is at this time that nurses may feel as though they are in control of the technology.



Thank you for listening. Questions?

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References

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- Clandinin, D. J., & Connelly, F. M. (2000). *Narrative inquiry: Experience and story in qualitative research*. San Francisco Jossey-Bass.
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Human meaning is not discovered solely through an exploration of contextual structures (social or cultural), nor does it emerge through the mapping of narrative accounts that potentiate self-embodied or emancipatory knowledge advancements – It is both!!!