

Physical Assessment Skills and the Cardiac Nurse

CARDIFF
UNIVERSITY

PRIFYSGOL
CAERDYDD

Sue Ward

Lecturer Adult Nursing

School of Nursing and Midwifery

Aim of this presentation

Share with you our initial results from a longitudinal qualitative descriptive research study which investigated the factors that influence the use of advanced physical assessment skills (APAS) by cardiac nurses

Undertaken by two nurse lecturers and a cardiac consultant nurse

Background

Massey (2006) proposes that an assessment which involves physical examination techniques, would allow practitioners to develop a more holistic approach to the clinical assessment of the cardiac patient.



Objectives

- 1. To establish what advanced physical assessment skills are being used by cardiac nurses in their clinical practice after undertaking a clinical patient assessment module.
- 2. Explore the factors that influence the use of advanced physical assessment skills by the cardiac nurses.

Method

- A longitudinal descriptive approach, using convenience sampling was employed.
- Qualitative data was obtained from individual interviews, non participant observation within the participants' clinical environment and self reported activities log.

Findings

5 key themes emerged from seven participants

- Use of APAS varied
- Use and development of skills was linked to personal characteristics
- Use influenced by perceptions of role boundaries, permission and co-operation
- Use influenced by their perception of nursing and development of own nursing practice
- Use influenced by the physical environment and the human support within it

Use of Advanced Physical assessment skills varied



Most frequently use skills

'The cardiac and respiratory assessments are the main, cardiac more than respiratory but they are the two' 10/2

'A lot of the neurological, eye examination, hearing examination we didn't do at all but the other part of it ,you know, like the heart and the lungs and abdomen that is very very useful for what I am doing' 03/1

'No its just the respiratory and the cardiology side of things that I have used, um yea, they are the two key ones' 06/1

Confidence in abilities

'I think its confidence as well isn't it and that's why it's important to try and use them every week, may be even if you don't need to use them' 10/1

'I would not say I am overly confident but the respiratory and the abdo I am quite, I feel quite confident to do it.' 09/1

'I think the confidence issue is some thing as well because it is not something I would do on a daily basis therefore, it would probably make me feel more uncomfortable' 04/1

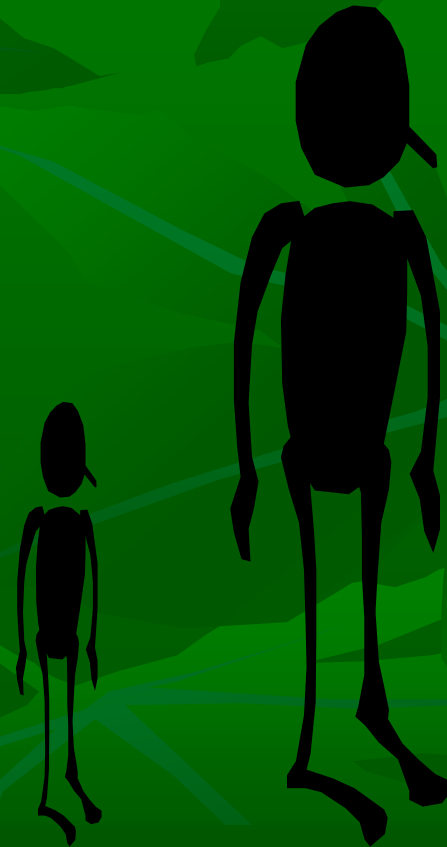
'it is, its just become second nature I don't actually have to think about it now. I know exactly where do you go and you know it just flows a lot quicker' 03/2

Skill building and refreshers .

'I just would like to just continue what I am doing at the moment, and you know, even enhance you know a refresher which would be very nice. I don't know whether that would be ever possible but I think that would be good ... since I have actually completed it may be 18 months two years, so it would be nice if we were able to do sort of a quick refresher. May be not cover the whole of the five assessment areas but concentrate may be on respiratory and cardiac for me especially' 05/2

'I feel that I am still learning it at the moment really so I think perhaps you know may be some time in the future I can do another advanced you know clinical assessment course to actually build on the knowledge that I have learnt.' 03/1

Personal characteristics



Leaders and laggards

'The onus is really up to the user actually go out and practice and use it and to make it relevant to their practice' 11/1

'I think I need to be a bit more pro active about it. I know when I do my bank shifts I do sort of go and ask has one got a leaky valve... I have approached a couple of patients and explained that I have done this course and could I listen to their chest or heart and they have been you know always very obliging, um, but I think it should come from me really. I should be a bit more um assertive, I don't know, or a bit more pro active about it.' 10/1

Role boundaries, permission and co-operation



Different views on whose role APAS was.

'It's a non essential part of my role. However, in certain clinical environments um I think it would be usefulif I worked in an area such as ITU where I think they could be utilised more freely' 04/1

'Very necessary especially if you work in an acute cardiac surgical ward I think every cardiac nurse should have some kind of background knowledge as to how they should be able to you know how they can assess the patient properly, physical assessment on a ward so that if the patient becomes unwell they can then go on to do a full assessment' 03/1

Boundaries and permission

'our one consultant will let us do a bit more than the other so we are certainly listening to heart sounds then prior to putting them on the tread mill' 10/1

'when I am on a ward or clinical area I feel um that that's not my role' 03/2

'I don't know about the ward base nurses how they would feel if I was trying to do some clinical assessment on one of their patients. I don't really think its my role because there is nurse practitioners and the medical team unless I was particularly concerned about an individual I wouldn't ignore them' 10/2

Patient co-operation

'I haven't had any you know anybody saying Oh am I'm not going to be examined by a doctor ? no you know because most of the time when I am doing it there is always a doctor near by any way so they think this is just something that you know that we do in hospital. We get the nurses to examine them and the doctors to check it afterwards you know we always say to them do you mind if I examine? you know but no they never ask you know and say am I not going to see a doctor today' 03/1

Professional co-operation

'I suppose the working relationships have improved, because I suppose, because I have got a little bit more knowledge....has helped when we have actually been doing assessments on really difficult patients 05/1

'I think they (SHO) see the pre admission in the past as Oh God another sort of job, another couple of patients they have to clerk and now you know when we say to them well actually you know we can do these patients, now you only have to do the two on the ward or what ever you know they actually really happy... in fact they are quite happy to discuss with us you know if I come across a murmur that I think what is that' 03/1

Perception of nursing and development of self



Nursing development

'in terms of expanded practice if you like I suppose you are doing things that perhaps are outside of routine and may be taking on things that traditionally have been that medical role. um yes I think its good you know I think if we get a nurse led clinic it will be really good, um that will be good for nursing development ,there are lots of ways that I think we could um develop this role further' 04/2

I feel that I am still a nurse and I am still doing you know my nurse's role and assessing patients like you know using nursing perspectives if you like you know, I don't feel that I am a Tom turn' 03/1

Recognition of wider context

'I think nurses have pushed for expansion. I think we feel that we want to become these new doctors mini doctors . So sort of cultures within try to push and advance but also you just have to look at Government and health work forces are changing. Some nurses within are pushing the boundaries but also changes within the health services have tried to push for more for less' 11/1

Enhancing care

'I don't think you can have too much knowledge if its going to improve patient care or um if its going to prevent from deteriorating, then I don't think any nurse can have too much module skills, um and I think you know we talk about holistic nursing , and that it just brings another dimensions to what I can do for a patient 10/1

'I felt it would be beneficial both for my self satisfaction and for the service I was providing for my patients if I was able to look at them holistically and um in a much more not in a depth way because I was hoping I was doing any way, but with a better understanding' 06/1

**The physical environment
and the human support
within it.**



Physical environment

- *'Yes its great we recently moved the room the um the clinic room from the day room to the old staff room that used to be so its now a lot bigger a lot brighter. Everything is in the right place, its great actually and we don't get any body to disturb us and because the clinic is still on the ward its actually a lot easier, we come across any problems we can just go outside and grab one of the doctors who is doing a ward round they can come in so its great ' 03/2*

Physical environment (continued)

- *'Um I suppose the only draw back I suppose is the environment, sometimes its not easy to actually do a you know a sort of an assessment where by you could sort of say well you know lets have a good look at the chest, may be its difficult with people because its such a small unit, um but on the days when we do the assessments in the afternoon its relatively quiet then so again you have more chance' 05/1*

Support

'Support given from nursing and medical colleagues ...nursing manager, no lack of support but also nothing positive' 06/1

'I think the environment I'm in everyone helps everyone and the medics actually love to teach you if you are unsure about anything, and have got time for every staff of all grades so if they if you were unsure about something they would quite happily come over and go through things. 09/1

Support (continued)

'I don't know whether its my own perception, I have never had um any negative comments from any of the nurses and certainly on the ward I am on a number of them are quite keen to do the course themselves and I have you know encouraged them to do so.' 10/1

'I mean if you get good feedback from patients you know that you are actually delivering a good service that they feel that you know you are competent, your professional and it just makes them sort of feel you know that they are in good hands really' 05/2

Conclusion



- Not all skills taught as part of the module were used in practice
- Organisational factors, professional relationships and personal perceptions influenced the use of APAS

This is consistent with the findings from the literature review.

What next

- Reconsider the skills content of the module
- Revisit the original planning team
- Further analysis of findings in light of role theory
- Publication
- Further research

Thank you



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