

Appreciative inquiry of medication administration

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Thank you



- ▶ I acknowledge the Traditional Custodians of this land and pay my respects to all Elders, past, present and future.
- ▶ Thank you for welcoming me here.

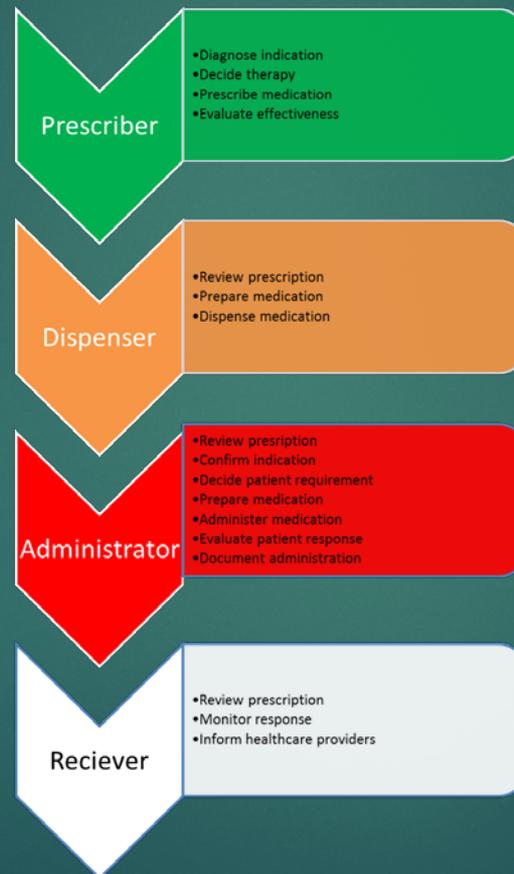


The story in the literature

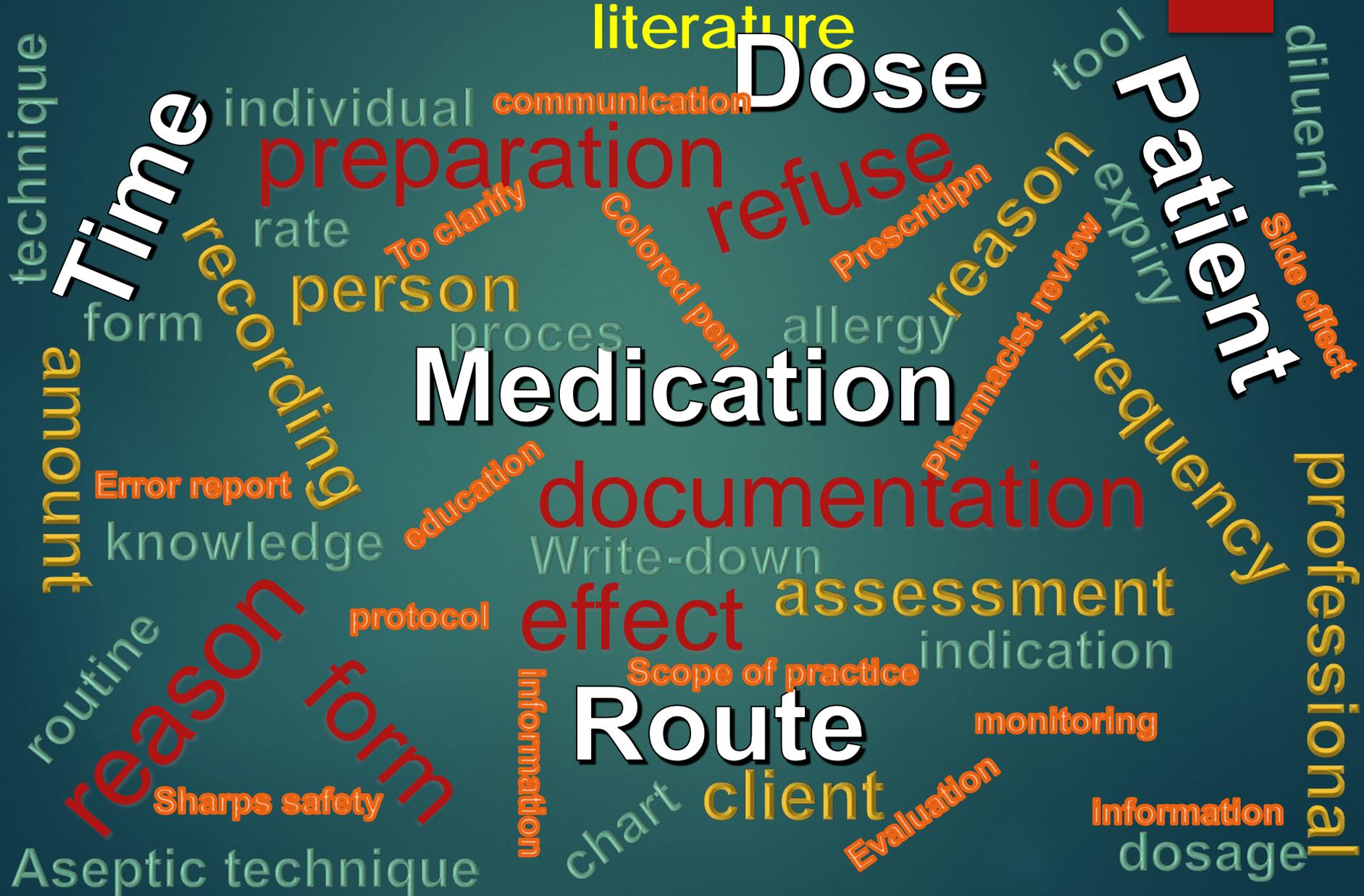


- ▶ Medication administration is ill-defined
- ▶ Frequent nursing action
- ▶ Carries highest risk
- ▶ 5 – Rights = [non]standardised practice rules
- ▶ Protection from error is limited
- ▶ Incident data collection is inconsistent
- ▶ Nurses singularly blamed
- ▶ Nurse are traumatised by errors

The medication administration process



The rights as they are reflected in the literature



How the literature influenced me

- ▶ Discussion dominated by biomedical, legal, mathematical and risk management approaches and language
- ▶ Practice deconstructed, compartmentalised and quantified.
- ▶ Nurses practice evaluated, governed and guided by disciplines other than nursing
- ▶ Nursing core value of holism was absent in the literature

???

- ▶ Where is the voice of nursing
- ▶ What is the nurse's experience in applying the rules

Study design

- ▶ AIM: To explore the medication administration experience of registered nurses in a variety of inpatient settings.
- ▶ Objectives:
 - ▶ observe practice,
 - ▶ discuss practice,
 - ▶ identify the strengths in nursing practice
 - ▶ explore nursing practice to inform nursing theory

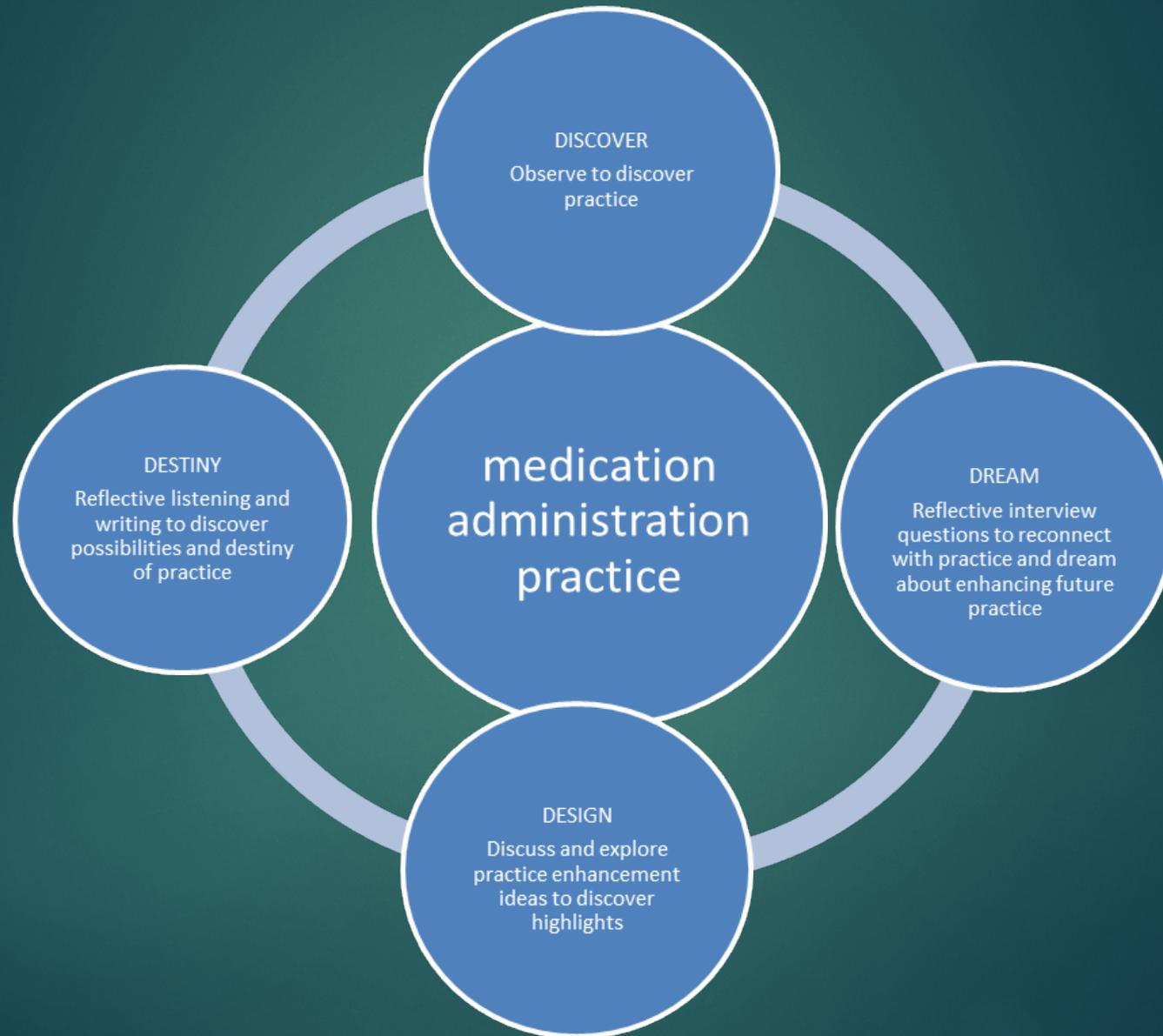


Principles of AI



- ▶ Constructivist – words create worlds
- ▶ Simultaneity – inquiry creates change
- ▶ Poetic – we can choose what we study
- ▶ Anticipatory – image inspires action
- ▶ Positive – positive questions lead to positive change
- ▶ Wholeness – wholeness brings out the best
- ▶ Enactment – acting “as if” is self-fulfilling
- ▶ Free choice – Free choice liberates power

Appreciative inquiry 4-D cycle



AI in practice

- ▶ Frame the question prospectively
- ▶ Create a collaborative environment
- ▶ Focus on strengths and capacities
- ▶ Call on creative aspirations

Observations

- ▶ 192 episodes
- ▶ Routine (151) - 5 rights, but complex due to multitasking and extended episodes resulting from environmental factors.
- ▶ Non-routine (41) - Abandoned (24), Checking (9), Hand-offs (8)

Interview findings

- ▶ Teaching
 - ▶ 'The rights were a big thing'
 - ▶ Beyond the rights – 'The bigger picture'
 - ▶ RN role – 'I don't want to hurt anyone; its my registration'
 - ▶ The power of the preceptor - 'The cornerstone of life long learning'
 - ▶ Linking theory to practice – 'You can't be complacent'

Interview findings

- ▶ Teamwork
 - ▶ 'Nurses are the squishy bit'
 - ▶ Collaborative communication helps to 'have a handle on it'
 - ▶ Cooperation – 'Find it and fix it, step it up, expand the focus'
- ▶ Tools
 - ▶ NIMC 'completed charts, protocols and pens'
 - ▶ Polypharmacy – 'The chemist in the cupboard'
 - ▶ Equipment – Keys, cupboards, computers
- ▶ Time
 - ▶ Busy
 - ▶ 'Chaos in Piccadilly Circus'



Basis of person-centred medication administration

VALUING EDUCATION

- Comprehensive Curricula
- Practical Knowledge
- Competent Role Models

VALUING PRACTICE

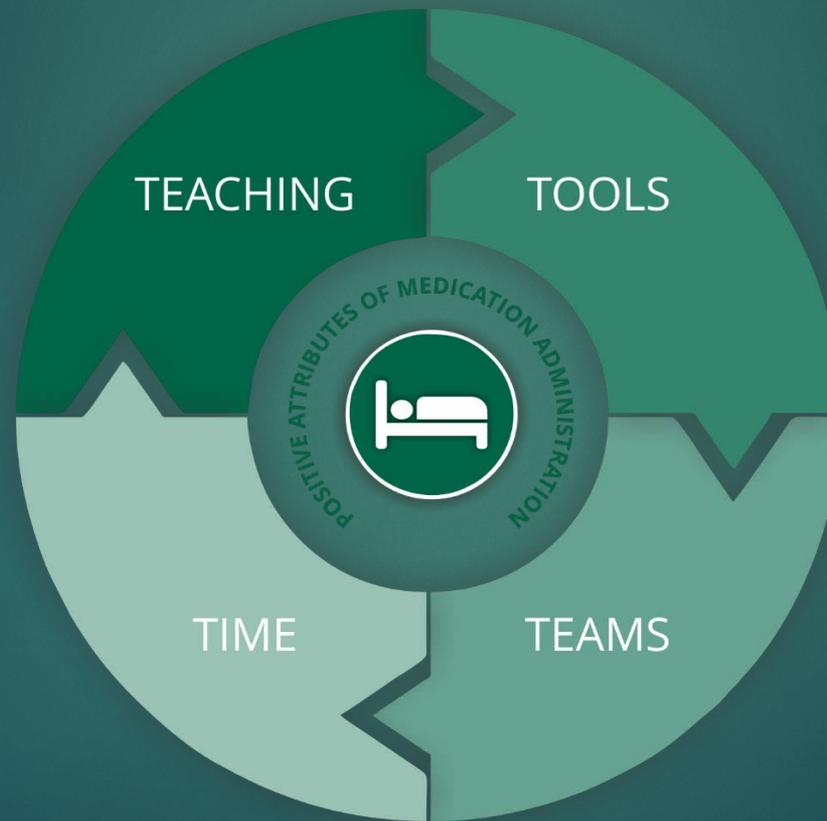
- Professional Capacity
- Resourced Environment
- Constructive Culture

VALUING PEOPLE

- Person-centredness
- Collaborative Teamwork
- Effective Communication



Martyn Model of Medication Management



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Continuing education research

- ▶ Aboriginal and Torres Strait Islander Health worker continuing education needs
- ▶ Personal Care worker in Residential Aged Care Facilities continuing education needs
- ▶ Interdisciplinary health professional continuing education program

Aboriginal and Torres Strait Islander Health Worker/Practitioner Continuing Education Needs Analysis Project

RESEARCH HIGHLIGHTS

- Aboriginal and Torres Strait Islander healthcare practitioners are vital to the health and wellbeing of their communities.
- Continuing education for Aboriginal and Torres Strait Islander health workers is essential to enable them to practice safely and effectively.
- Education programs that specifically target the Aboriginal and Torres Strait Islander health worker role are yet to be formalised.
- The Aboriginal and Torres Strait Islander health worker is in the best position to determine their education needs.

Continuing education needs of Personal Care Workers in Residential Aged Care Facilities

RESEARCH HIGHLIGHTS

- PCWs are a valued human resource that make up the bulk of the workforce in the aged care sector.
- The pre-service education of PCWs is provided by a diverse group of Registered Training Organisations (RTO) who have different graduate attributes.
- PCWs have career aspirations in aged care and other healthcare roles.
- PCWs are the eyes and ears of other RACF clinicians.
- Continuing education for PCWs is not regulated but imperative to enable them to carry out safe and effective healthcare.
- PCWs and their supervisors are in the best position to identify the necessary continuing education.

Fraser Coast Health Professionals Local Education and Research Nexus: 'LEARN'



LEARN Pamphlet 2016.pdf